



A PEER-LED PROJECT

FACILITATORS GUIDE

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Important Information for Users

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the packages are:

- 1) The Centers for Disease Control and Prevention (CDC) factsheet on male latex condoms,
- 2) The CDC Statement on Study Results of Products Containing Nonoxynol-9,
- 3) The Morbidity and Mortality Weekly Report (MMWR) article "Nonoxynol-9, Spermicide Contraception Use—United States, 1999,"
- 4) The ABC's of Smart Behavior,
- 5) The CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs) and
- 6) Centers for Disease Control and Prevention- IDU and HIV Prevention: Syringe Disinfection for Injection Drug Users

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

The SHIELD intervention package was developed by a team at the Johns Hopkins Bloomberg School of Public Health:

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The SHIELD research study was conducted by Dr. Carl Latkin (PI) at the Johns Hopkins Bloomberg School of Public Health. This study was funded by the National Institute on Drug Abuse (1 R01 DA13142). For more information about the outcomes of the study, please refer to:

Latkin, CA, Sherman, S, & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*, 22(4), 332-339.

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- Dr. Jonny Andia, Capacity Building Branch, Centers for Disease Control and Prevention
- Carla Galindo, MPH, Capacity Building Branch Training and Development Training Specialist.

How to Use this Guide

The target audience for this manual is the facilitators who will co-lead the SHIELD intervention sessions.

This manual should be used with the “**SHIELD Handouts For Participants**” folder which includes several handouts that are to be distributed to participants during the sessions. The next section provides more detail on this folder.

The SHIELD Facilitators’ Guide is divided into 3 sections:

- 1) SHIELD Background
- 2) SHIELD curriculum
- 3) Appendices

SHIELD Background

The SHIELD background section is an overview of the original research study including the core elements, theory, and science behind the intervention. In addition, a description of training activities and the SHIELD session structure are presented. Finally, this section includes a list of recommended materials.

SHIELD Curriculum


The second section is the SHIELD curriculum. This section includes all 6 of the required SHIELD intervention sessions as well as the optional booster session.

Each session begins with a Summary which includes:

- Session objectives
- Outline of the session components with suggested time allotments
- List of the materials, handouts, and posters needed for the session
- Session preparation tasks
- Session take-home points

Within each component, you will see the page divided into two columns. The left column is a list of the procedures to follow. The right column is the suggested scripts that accompany each procedure. To practice, we suggest reading the suggested scripts first and then as you become more comfortable with the procedures and scripts you can tailor the language to your own style, except where it is noted to read the script verbatim.

To prepare for each session, facilitators should review the outline and procedures within each component. Also, facilitators should follow the recommended preparation tasks that are included at the beginning of each session.

 **FACILITATOR NOTE:** Throughout some of the procedures, there are facilitator notes which are written in blue text and accompanied by this icon. These facilitator notes are meant to provide clarification and suggestions for conducting each activity in order to be consistent with the original intention of the SHIELD intervention.



Appendices

The final section of this guide is the appendices. These appendices include:

I. Poster description

This appendix describes each of the posters that should be presented in the SHIELD sessions. Specifically, this appendix includes: 1) Name of poster; 2) Session & Component where poster is used; and 3) Example of text to be included on poster. Facilitators can hand write these posters on easel paper or have them professionally printed.

II. Homework Assignment Goals

This appendix lists and describes the goal of each homework assignment used in the SHIELD sessions. The **SHIELD Handouts for Participants Folder** includes handouts of the homework assignments that may be copied and passed out to participants during the sessions.

III. Facilitator Debriefing

At the end of each SHIELD intervention session, facilitators are encouraged to take time to debrief with each other (as well as with the Project Manager) to discuss the session. By frequently debriefing, facilitators will be able to reflect on program successes and problem-solve when challenges arise. Debriefings will also help with preparation for the next session. In this appendix, we have provided suggested questions to guide these debriefings.

IV. Facilitator Summary Guidelines

After completion of each cycle (i.e., Sessions 1-6), facilitators should write a brief summary of the overall SHIELD Group. These summaries give facilitators the chance to reflect on the SHIELD group and document program successes and challenges. These summaries also serve as a source of evaluation data. We have included a list of Facilitator Summary Guidelines to assist facilitators in developing these summaries. Project Managers are encouraged to read each of the summaries.

V. Supervisor Rating Forms

As a supervisory activity, Project Managers should observe several intervention sessions to ensure facilitators are adhering to the curriculum and having positive interactions with participants. We recommend that a supervisor observe at least one session per group and vary the session observed. For example, if the supervisor observes Session 1 for one group they should observe a different session for another group. Using the Supervisor Rating Form, which should be completed after each observed session, supervisors can rate the fidelity of the intervention session. After the observation, the Project Manager should discuss the completed form with the facilitators.

VI. General Facilitation Skills

This appendix provides some general facilitation techniques and strategies for facilitation. Some topics include non-verbal communications, facilitator self-care, and suggestions for dealing with difficult clients. This appendix may be useful for training new facilitators as well as for veteran facilitators who need a refresher.

VII. HIV and Injection Drug Use 101

The SHIELD curriculum covers a lot of HIV and drug use information. As the sessions progress, participants may ask questions that are not covered in the curriculum. This appendix covers basic information about HIV transmission, prevention, and treatment as well as common terminology used by injection drug users. Facilitators who have limited or no experience working in HIV prevention or with drug-using populations should review this information to be prepared to answer questions. Although this appendix covers many topics, some questions may come up that facilitators are not prepared to answer. When this situation occurs, the best thing to do is to tell the participant that you are unsure of the answer but will research it and bring an answer to the next session. It is better to be upfront with the participants and say “I don’t know” rather than guessing or making up an answer.



The SHIELD Facilitator Guide should be used in conjunction with the **SHIELD Handouts for Participants Folder**. This folder includes copies of all documents that are to be passed out to participants during the SHIELD intervention sessions. Facilitators should photocopy these handouts prior to each session.

HANDOUT	WHEN TO DISTRIBUTE	PURPOSE OF HANDOUT
Participant Sign-in Sheet	Session 1-6	To keep track of participant attendance.
Session Calendar	Session 1	To remind participants of the date and time for the remaining SHIELD sessions.
PEER Communication Skills	Session 2	To remind participants of the 4 communication skills to be used during peer outreach.
Condom Demonstration Sheets: 1) Male condom steps 2) Female condom steps	Session 4	To help participants remember the steps to properly put on male and female condoms.
Risk Ladder Handouts: 1) Sex Risk 2) Injection Risk 3) Drug Splitting Risk	Session 3 (sex risk) Session 5 (injection risk & drug splitting risk)	To assist participants in conducting their homework assignments for Sessions 3 & 5.
Safer Injection Handouts: 1) Rinsing Injection Equipment Steps 2) Safely Splitting Injection Drug Steps	Session 5	To help participants remember the steps to properly rinse injection equipment and safely split injection drugs.
Graduation Certificates	Session 6	To acknowledge participants for completing the SHIELD intervention (Certificates should be personalized for each participant).
Scenarios	Session 3 Session 5 Session 6	To describe a role-play or group problem-solving situation to participants.
Homework assignments	Session 1 Session 2 Session 3 Session 4 Session 5	To assist participants in remembering their homework assignments.



Overview of the *SHIELD* Intervention

The Self-Help in Eliminating Life-threatening Diseases (SHIELD) intervention is a group level HIV prevention intervention that trains current and former drug users to be **Peer Educators**. As a **Peer Educator**, participants learn communication skills to conduct peer outreach to people in their social network. Also, they are taught information about HIV risk and prevention, as well as risk reduction skills.

The SHIELD Intervention has 2 main goals:

1) To train individuals to be Peer Educators who conduct outreach with peers by sharing HIV risk reduction information.

As a Peer Educator, participants learn risk reduction information and skills. They also learn communication skills (called PEER Communication skills) to prepare them for peer outreach. While many people think that peer outreach is done with the community at-large or with strangers, in the SHIELD program, peer outreach is focused on people in their social network. A social network is the group of people who the Peer Educator knows well or feels very comfortable with, such as drug or sex partners, family, friends, support group members, etc.

2) To reduce Peer Educators' own HIV risk behaviors.

Participants also begin to use the HIV risk reduction information and skills that they learn in the SHIELD sessions to change their own risky behaviors and to maintain credibility as a Peer Educator.

These aims are achieved through the following skills-building activities:

SHIELD Skills-Building Activities	
<i>Peer Communication Skills Building Activities</i>	<i>HIV Risk Reduction Skills Building Activities</i>
<ul style="list-style-type: none"> • Facilitator Role-Models • Group Problem-Solving • Role-Plays 	<ul style="list-style-type: none"> • Risk Reduction Ladders • Demonstrations • Games

The SHIELD intervention is delivered through 6 fun and interactive sessions. Each session lasts 1½ -2 hours and is held in a small group setting (4-12 participants). The small group setting is important for **Peer Educator** training because it facilitates participants' sharing and learning from each others' experiences.

Each SHIELD Group is led by two trained facilitators. Information, referrals, and risk reduction materials are delivered through facilitated discussion, skills building activities, role-plays, and demonstrations. In each session, participants are assigned homework to practice their **Peer Educator** skills outside the group setting.



The topics of the SHIELD intervention sessions are:

- Session 1: Introduction to the Peer Educator role and Peer Outreach
- Session 2: Peer Educator Communication skills (PEER)
- Session 3: Reducing Sexual Risk Behavior-Part 1
- Session 4: Reducing Sexual Risk Behavior-Part 2
- Session 5: Reducing Injection Drug Use Risk Behavior
- Session 6: Graduation and Sustaining Peer Outreach

It is important to emphasize that each of the 6 SHIELD sessions focus on a range of risk reduction options, including abstinence and condom use, that people can practice to prevent HIV. SHIELD is not appropriate for agencies whose sole mission is to promote abstinence from sex or cessation of drug use.

Theoretical Foundations of SHIELD

Theoretical foundation refers to the behavior change theory that underlies the SHIELD intervention. The SHIELD intervention was built upon four psychological theories: Social Cognitive Theory, Social Identity Theory, Cognitive Dissonance (or inconsistency) Theory, and Social Influence Theory. Each of these theories guides the Peer Educator approach to HIV risk reduction.

Social Cognitive Theory proposes that there are four components necessary for a behavior change to occur: 1) knowledge, 2) development of skills to reduce risk and regulate risk, 3) peer support to reduce risk and 4) self efficacy to reduce risk (belief that one can be successful). In the SHIELD intervention, Peer Educators received psychosocial cognitive skills training to reduce HIV risk behaviors and the opportunity to practice their skills to increase self-efficacy.

Social Identity Theory suggests that individuals classify themselves in terms of group labels. Once an individual begins to identify with a group, they act according to what they perceive other group members are doing. For example, as participants attend each intervention session, they may begin to consider themselves a part of the **Peer Educator** group. In addition, if they perceive that other **Peer Educators** are similar to them, their self-efficacy for conducting peer education may increase. Also, individuals may become motivated to practice HIV risk reduction behavior.

According to **Cognitive Dissonance Theory**, individuals want their actions to match their words. As **Peer Educators** begin to engage in HIV prevention outreach in their social network, they may change their own risky behaviors in order to make their behaviors and their statements consistent. By talking to their social network members (e.g., partners, friends and family members) about using condoms and not sharing needles, **Peer Educators** may become motivated to adopt these same risk reduction strategies. Furthermore, individuals may begin to adopt safer behaviors to maintain their credibility as **Peer Educators**.

Social Influence Theory proposes that individual behavior is shaped by observing other people in the social environment and modeling the observed behaviors. In addition, an individual is more likely to adopt a given behavior if they feel they are similar to the person they are observing. After learning risk reduction information and skills in the SHIELD intervention sessions, the **Peer Educators** go out into their community to share the information with their social network members. They also model safer behaviors. As social network members observe the safer behaviors of **Peer Educators** (who they perceive as similar to themselves) they may be influenced to change their own risky behaviors.



SHIELD Target Population- Who is SHIELD for?

In the original SHIELD research study, the participants were 94% African American, 61% Male, 85% unemployed, 65% reported less than \$500 of income in the past 30 days, and 57% had less than a high-school education. The average age of participants was 39 years.

SHIELD is designed for adults (18 years and older) and may be implemented with men and women as well as individuals who are HIV positive or HIV negative. SHIELD, which has primarily been implemented with heroin and cocaine users, is appropriate for former and current drug users who interact with other drug users. While some participants have been injection drug users, others have been non-injection drug users who interact with injection drug users. Agencies may adapt SHIELD to implement with non-injection drug users or other populations such as methamphetamine users.

In the SHIELD study, many participants were in drug recovery when they went through the **Peer Educator** training. Recovery is a different experience for each individual. Some individuals who are in recovery can interact with other drug users while others may relapse as a result of this interaction trigger. Agencies working with individuals who are in recovery are cautioned to carefully assess if the SHIELD intervention is appropriate for a particular individual. Also, agencies need to decide if a mixed group (i.e., active drug users and individuals in recovery) is appropriate at their agency.

Peer Education requires motivation, social skills, and dedication. Therefore, it is important that a participant has a willingness and interest in conducting Peer Outreach (See Project Managers' Guide for information on screening participants).

In addition, participants must have frequent interactions with individuals at risk for HIV such as current drug users in order to conduct their Peer Outreach.

Setting

SHIELD was originally conducted in an urban, community-based research clinic. Although the setting may vary, it is important to hold the intervention in a location that is easily accessible by the target population. It is recommended that agencies offer directions or maps of public transportation routes to the setting. Since confidentiality is an important component, sessions should take place in a non-threatening, confidential, "safe" place for participants.

Number of Participants

The original SHIELD intervention sessions were held with the number of participants ranging from 4-12. In the Pre-implementation section of this guide, we offer guidance for the number and composition of each SHIELD cycle.

Timing and Frequency of Sessions

The timing of intervention sessions should be convenient and consistent for participants. SHIELD sessions have been implemented in mornings, afternoons, evenings, and weekends. We recommend holding 2 sessions per week and having at least one day in between sessions. For example, hold Session 1 on Monday and Session 2 on Thursday. The following week, hold Session 3 on Monday and Session 4 on Thursday. As a formative activity, agencies should talk to members of the target population to determine ideal times to hold the intervention sessions. Agencies are encouraged to put together a calendar of session dates prior to implementation. (See the **SHIELD Handouts for Participants Folder** for an example calendar template)

Each set of Sessions 1-6 is considered a SHIELD cycle.



Research Findings

The SHIELD intervention was effective at producing the following results among **Peer Educators** 6 months after they completed the intervention:

- Increased condom use during vaginal sex with casual sex partners (16% of **Peer Educators** vs 4% of control group);
- Increased condom use during oral sex with casual sex partners (12% of **Peer Educators** vs 3% of control group);
- Reduced needle sharing (69% of **Peer Educators** vs 30% of control group);
- Decreased injection drug use frequency (48% of **Peer Educators** vs 25% of control group); and
- Stopped using injection drugs (44% of **Peer Educators** vs 22% of control group)

Benefits of Implementing SHIELD

The SHIELD intervention may reach high-risk individuals who are hidden or hard-to-reach. SHIELD is a low-cost intervention and requires few resources and minimal technology.

SHIELD participants have reported tangible and intangible benefits from participating in SHIELD.

- Learning new information and getting risk reduction materials that they can use to be safer themselves.
- Gaining pride in being a part of the solution rather than the problem in the fight against HIV in their community.
- Having increased self-esteem.
- Receiving respect from family and friends.

What SHIELD Is Not

In the previous sections, we have discussed what the SHIELD intervention is. It is important to note what the SHIELD intervention is not.

- **SHIELD is not a support group.** Although participants are encouraged to share experiences and offer social support, the group sessions focus on a specific curriculum to teach peer education and risk reduction skills. Clients that are in need of support groups should be referred to other services. Clients may participate in SHIELD and a support group simultaneously.
- **SHIELD is not drug treatment or a recovery group.** The SHIELD intervention is designed for former and current drug users. While some SHIELD participants may decrease or cease their drug use as a result of being in the program, the skills that are presented in the SHIELD intervention sessions include various risk reduction options in addition to abstinence. Individuals who are seeking drug treatment or recovery services may be referred to other services. The staff conducting the pre-contact session should assess the appropriateness for each individual being enrolled in SHIELD based on their interest in drug treatment services. For example, someone who is seeking a 90-day treatment program may not be appropriate for enrollment into the SHIELD project because their attendance may be limited.

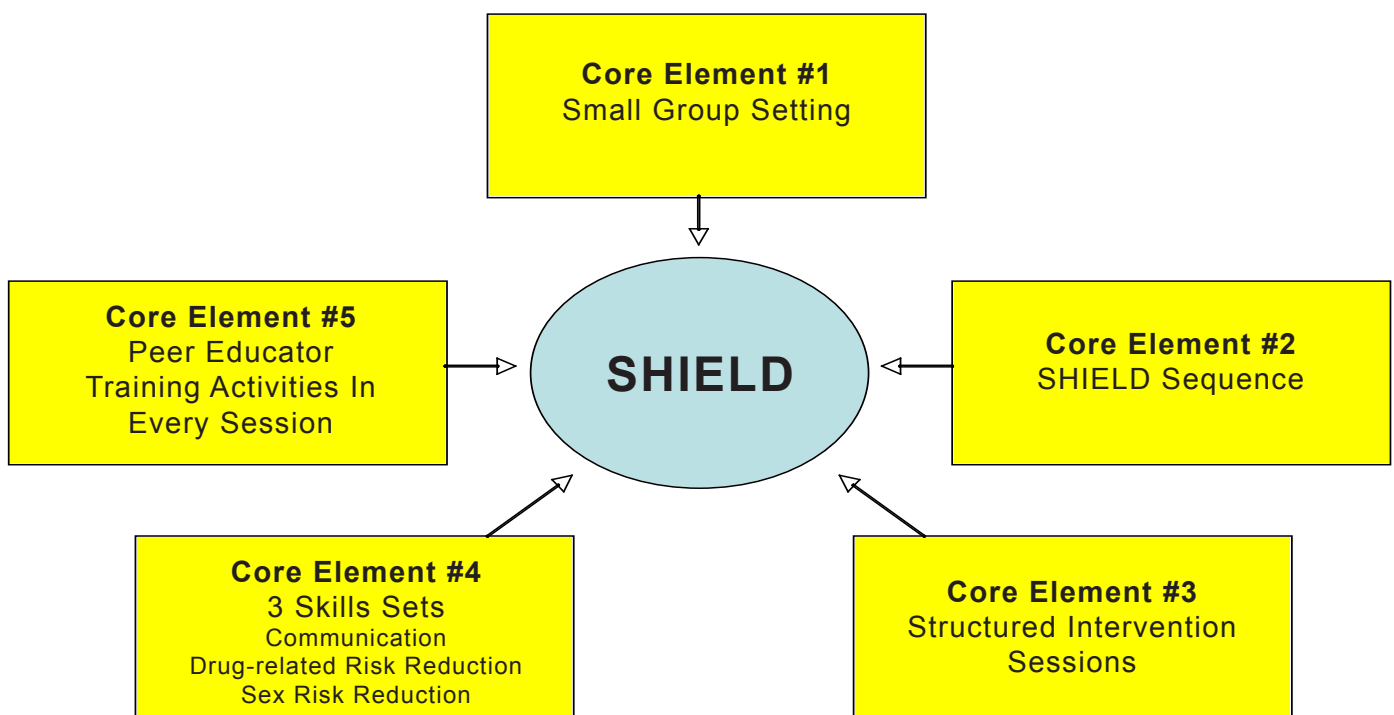


- **SHIELD is not a job training program.** SHIELD is a Peer Educator training program. Peer Educators conduct peer outreach on a volunteer basis. Some SHIELD participants may feel like being a Peer Educator is a “job” and this training may enable and facilitate them in obtaining employment. Agencies should clarify with participants that they are not employees of that agency.

Core Elements of the SHIELD Intervention

The SHIELD intervention has been shown to be effective in changing risky sex and drug behaviors among former and current drug users.

Below is a list of the five Core Elements of the SHIELD intervention and supporting rationale behind each one. Each of these core elements must be maintained to ensure fidelity to the SHIELD intervention. Without each of the core elements, the intervention may not be effective at changing HIV risk behaviors.



1) SHIELD is implemented in a small group setting to offer participants an environment that is conducive to sharing experiences and gaining social support from peers.

Rationale: Small group sessions (4-12 individuals) facilitate learning through shared experiences and encouragement among peers. In the small group setting, participants hear their peers’ experiences with personal risk reduction and peer outreach as well as share their own experiences. As the sessions progress, participants have the opportunity to observe each other’s communication and risk reduction behaviors through role-plays and demonstrations. By observing others practice risk reduction, participants may become motivated to change their own behaviors. The small group approach also leads to social support towards risk reduction among participants.

2) Participants go through the **SHIELD Sequence** - a series of activities that includes pre-program contact and six intervention sessions in a specified sequence.

Rationale: Peer education requires motivation and willingness to interact with social network members. Thus, potential participants should be briefed about the SHIELD intervention and screened to determine if peer education is appropriate for them during the Pre-program contact. Once a client is screened eligible, they will progress through Sessions 1 through 6. This order is important to build risk reduction and communication skills, develop the **Peer Educator** identity, and establish a supportive environment where participants can share their experiences.

3) Each SHIELD intervention session follows a specific structure that includes 5 components.

Rationale: Each intervention session follows a specific structure. This structure includes the following five components: homework check-in, presentation of new information, **Peer Educator** training activities (i.e. group problem-solving and role-plays), homework assignment and practice, and summary. By following this structure, risk reduction and communication skills are reinforced and participants have opportunities to practice their Peer Outreach. For more information about the SHIELD session structure, please refer to the **SHIELD Facilitators Guide**.

4) SHIELD sessions aim to build **three sets of skills** necessary for participants to be a Peer Educator. These skills are:

- Communication skills for conducting effective Peer Outreach (**PEER**)
- HIV drug-related risk reduction techniques
- HIV sex-related risk reduction techniques

Rationale: The central focus of the SHIELD intervention is to train individuals to be **Peer Educators**. **Peer Educators** are taught four basic communication skills to be used during peer outreach. These four communication skills (**PEER**) include **P**ick the right time and place; **E**valuate their situation; **E**xplore safer options for their situation; **R**esources and referrals. **PEER** is an acronym to assist **Peer Educators** in recalling the four communication skills.

The main objective of Peer Outreach is to educate social network members about techniques to reduce one's risk for HIV. Thus, participants learn drug and sex-related risk reduction information and skills to disseminate through their social networks as well as to lower their own risk for HIV. These risk reduction skills are presented through risk ladders, demonstrations, and games. **Peer Educators** are encouraged to use their **PEER** communication skills to share this information with their social network members.



5) Every session includes interactive Peer Educator training activities which build Peer Outreach skills and increase Peer Educator self-efficacy. Through increased self-efficacy, participants develop a Peer Educator Identity. Activities include:

- Facilitator Role-models
- Group Problem-solving Activities
- Role-plays

Rationale: Becoming a **Peer Educator** and conducting Peer Outreach is a process. First, participants need to be introduced to the concept of **Peer Education**. Then, by engaging in activities and discussion about Peer Outreach throughout each session, the **Peer Educator** role is reinforced which leads to adoption of the **Peer Educator** Identity. **Peer Educator** Identity means that the participant sees themselves as a **Peer Educator** and looks at Peer Outreach as an important role in their lives.

Interactive sessions include hands-on activities that help participants increase their self-efficacy, or confidence in one's ability to be a **Peer Educator**. Communication skills can be practiced with other participants in the small group. In the small group, participants give peers feedback and suggestions. Within the small group, participants can learn and then model the ways they can share with others and negotiate for themselves new safer injection and safer sex skills. Interactions with peers within the small group helps participants adopt the **Peer Educator** Identity.

SHIELD BEHAVIOR CHANGE LOGIC MODEL

SHIELD Behavior Change Logic Model			
Behavioral Determinants <i>Corresponding to risk or contextual factors</i>	Activities <i>To address behavioral determinants</i>	Outcomes <i>Expected changes as a result of activities targeting behavioral determinants</i>	
		Immediate Outcomes	Intermediate Outcomes
<ul style="list-style-type: none"> • Self-efficacy for being a Peer Educator • Development of a Peer Educator Identity • Knowledge of risk reduction strategies for sex and drug behaviors • Knowledge of HIV testing resources • Self-efficacy for safer sex and injection behaviors • Positive attitudes towards safer sex and safer injection behaviors • Intentions to practice safer sex and safer injection behaviors 	<ul style="list-style-type: none"> • Learn PEER Communication Skills to guide Peer Outreach • Engage in interactive Peer Educator training activities to build Peer Outreach skills • Practice Peer Outreach skills through homework assignments • Learn information and skills about HIV prevention and risk reduction • Engage in interactive exercises to build skills for HIV risk reduction 	<ul style="list-style-type: none"> • Increase in self-efficacy for Peer Outreach • Diffusion of HIV risk-reduction information, skills, and resources through social networks • Promotion of norms about risk-reduction behaviors through social networks • Increase in knowledge of HIV transmission and risk-reduction • Increase in positive attitudes towards safer sex and safer injection • Recognition of own risky behaviors • Increase in self-efficacy for personal risk reduction • Increase in intention to practice risk reduction 	<ul style="list-style-type: none"> • Peer Educators have increased pride about helping their community • Decrease in sharing of injection drug equipment • Increase in cleaning of injection drug equipment • Increase in utilization of a Needle Exchange Program (where available) • Increase in condom use • Increase in HIV testing and receipt of results • Increase in drug treatment enrollment • Reduction in drug use

1- The SHIELD intervention has two aims: 1) to train individuals to be Peer Educators who conduct outreach with peers by sharing HIV risk-reduction information; and 2) to reduce Peer Educators' own HIV risk behaviors. In order to achieve these goals, the intervention focuses on 3 sets of skills: communication, safer sex, and safer injection. As a Peer Educator, participants learn risk-reduction information and skills which they diffuse throughout their social network. Through peer outreach, participants also begin to change their own behaviors to maintain credibility as a Peer Educator.

2- The SHIELD intervention was built upon three psychological theories: Social Learning, Social Identity and Cognitive Dissonance (or inconsistency) Theories. Each of these guides the Peer Educator approach to HIV risk reduction.



Description of SHIELD Behavior Change Logic Model

As discussed previously, SHIELD is designed to train former and current drug users to be **Peer Educators** as well as change participants' own risky behaviors. **Peer Educators** learn HIV risk-reduction information and skills which they pass on to their social network members. By being a **Peer Educator**, participants may also begin to change their own risky behaviors in order to “practice what they preach”.

The behavior change logic model illustrates how the SHIELD intervention is designed to lead to behavior change.

Behavioral Determinants

The first column lists the behavioral determinants that SHIELD focuses on to decrease former and current drug users' risk for HIV.

Self-efficacy is a crucial prerequisite for becoming a **Peer Educator**. Self-efficacy, or confidence in one's ability for becoming a **Peer Educator**, will begin to develop through participation in skills-building activities during the intervention sessions. As an individual begins to feel confident in their ability to be a **Peer Educator**, they will be more motivated to engage in Peer Outreach activities and will begin to see themselves as a **Peer Educator** (i.e., **Peer Educator Identity**). Peer Educators also offer social support for practicing risk reduction among their peers.

SHIELD is also designed to provide information to increase knowledge about HIV risk-reduction. Also, increasing self-efficacy to practice safer sex and safer injection behaviors is a goal of SHIELD.

Activities

The next column delineates the major activities that take place during the SHIELD intervention sessions. **Peer Educators** are taught 4 specific communication skills (**PEER**) to help guide their Peer Outreach Activities. These skills include: **P**ick the right time and place; **E**valuate their situation; **E**xplore safer options for their situation; **R**esources and referrals. The acronym **PEER** is used to help participants remember this skills set.

The SHIELD sessions also include games, risk ladders, demonstrations, and facilitated discussion to present information about HIV prevention and risk reductions. In addition, participants engage in skills-building activities, such as role-plays and problem-solving activities to increase self-efficacy for risk reduction and to practice communication skills. Finally, **Peer Educators** are assigned homework assignments at each session as another practice opportunity.



Immediate Outcomes

Outcomes refer to expected changes as a result of the intervention activities. Immediate outcomes are expected changes that occur 1-2 weeks after completion of the intervention. As **Peer Educators** continue practicing their skills and conducting Peer Outreach with peers, they will experience an increase in self-efficacy for Peer Outreach. In addition, the HIV information, skills, and resources that **Peer Educators** share with their peers will start to diffuse throughout their social networks. Also, **Peer Educators** will promote norms about risk reduction throughout their social networks. This shift in norms may persuade social network members to change their own risky sex and drug-related behaviors.

Through the intervention activities, participants will gain knowledge of HIV transmission and risk reduction. This knowledge, as well as Peer Outreach efforts, will persuade **Peer Educators** to recognize their own risky behaviors. Also, by practicing their risk reduction skills, they will gain increased self-efficacy for practicing safer sex and safer injection behaviors.

Intermediate outcomes

Intermediate outcomes are expected changes that occur 1-6 months after completion of the intervention. Through sustained Peer Outreach activities, **Peer Educators** will develop a strong sense of pride about helping to decrease their community's HIV risk.

In addition, after recognizing their own risky behaviors and practicing risk reduction skills, **Peer Educators** will practice safer sex and safer injection behaviors including: decreased sharing of injection drug equipment (i.e. needles, cookers, cottons, etc), increased cleaning of injection equipment, increased utilization of Needle Exchange Programs (where available), and increased condom use. Also, some **Peer Educators** may seek HIV testing (and return for results) or drug treatment services. Finally, some **Peer Educators** will begin to decrease their overall drug use.



Training Activities

There are three types of **Peer Educator** training activities that are utilized during the SHIELD intervention:

- Facilitator Role-Model
- Group Problem-solving
- Role-play

Training Activity Procedures

Facilitator Role Model

Description: This activity is conducted by the co-facilitators. The aim of this activity is for the facilitators to role-model Peer Outreach using **PEER** Communication skills or risk reduction skills.

Preparation: Facilitators should prepare for the Role-Model prior to the group by assigning each other roles and practicing the scenerio using the scripts provided.

Procedures during group:

- Facilitators read the scenario to the group to “set the scene”.
- Facilitators remind the group which person is playing the **Peer Educator** and which is playing the peer.
- Facilitators role-play the scenario.
- Facilitator playing the **Peer Educator** should emphasize or exaggerate the use of good or bad **Peer Educator** skills based on the activity.
- Debrief the role-model by asking the group for their thoughts and suggestions for improving **Peer Educator** skills.

Group Problem-solving

Description: This activity is led by the co-facilitators. The aim of this activity is to involve the group in brainstorming and problem-solving safer options and strategies for conducting Peer Outreach in different scenarios.

Preparation: Prior to the session, facilitators should review the Problem-Solving Questions for each scenario and discuss the possible correct answers.

Procedures during group:

- Facilitator read the question or scenario to the group.
- Have the group volunteer their answers and/or thoughts about the question/scenario.
- Facilitators should use the Problem-Solving Questions provided with the activity to focus participant responses on accurate information from the training.
- Facilitators should have the group work together to “brainstorm” how a **Peer Educator** can approach the scenario and come up with specific things that the **Peer Educator** can say to their peers using **PEER** Communication skills.

Role-play

Description: This activity can be conducted between: 1) two clients or 2) a facilitator and a client depending on the groups' comfort level. The aim of this activity is to have participants practice using their **Peer Educator** skills in a supportive environment and gain feedback. Participants who participate in the role-play will have the opportunity to receive suggestions for improving their skills.

Preparation: Prior to the session, facilitators should review and discuss the optional scenarios provided.

Procedures during group:

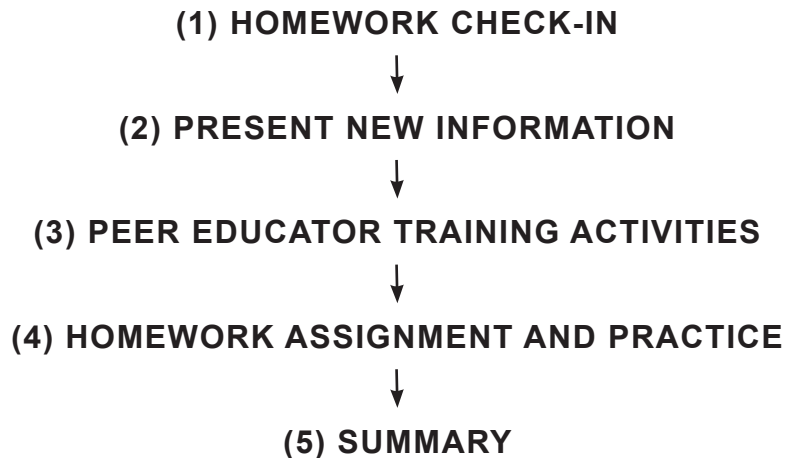
- Facilitators ask for volunteers for the role-play; one to play the **Peer Educator** and one as the peer. If no one volunteers, or feels comfortable, then the facilitator can play the peer and encourage another client to play the **Peer Educator** or vice versa.
- Facilitators ask the volunteers/group if they have a scenario that they would like to be role-played. (Ideally, this scenario would be about a peer that one of the group members is actually conducting outreach to).
- If no one suggests a scenario, facilitators pick a scenario provided in the curriculum and read the scenario to the group to "set the scene".
- Facilitators remind the group of each actor's role.
- Conduct the role-play.
- After the role-play acknowledge any volunteers.
- Facilitators should lead the group to debrief how the role-play was with the **Peer Educator** using their skills.

Note: Facilitators may find it useful to "freeze" the role-play so that they can ask the group for problem-solving suggestions. The "freeze" is not intended to distract the group from the skills practice but to clarify and enhance the practice. To "freeze" the role-play a facilitator or participant can say "time-out" or "freeze". After the "freeze" and discussion, the role-play should be resumed.



SHIELD Session Structure

As described in Core Element #3, each session follows a specific structure. By following this structure, risk reduction and communication skills are reinforced and participants have opportunities to practice their Peer Outreach. Session 1 does not follow the SHIELD structure because the focus is on introducing concepts of **Peer Educator** and Peer Outreach. Therefore, the primary activity is brainstorming and group discussion. Sessions 2-6 follow the same structure which consists of 5 components as depicted in the following figure:



INTRODUCTION TO THE SHIELD INTERVENTION: SHIELD SESSION STRUCTURE

The following Table provides an overview of the 1) Purpose, 2) Materials and 3) Procedures of each of the 5 components.

SHIELD SESSION STRUCTURE SESSIONS 2-6			
COMPONENT	PURPOSE	MATERIALS	PROCEDURES
(1) Homework check-in	To check-in with the participants about how their homework assignment went.	Homework review questions	1) Ask the group to describe the homework assignment from the prior session. 2) Ask each participant to share who they did their homework with and their experience. 3) Facilitators should offer positive reinforcement for using PEER Communication skills and correct information. 4) Facilitators should encourage the group to help each other problem-solve barriers or negative experiences encountered.
(2) Present New Information	To introduce or review HIV related risk information or risk reduction options. This section of the session provides content for the homework assignment.	Varies by session	Varies by session. May include risk reduction ladders, information, games, etc.
(3) Peer Educator Training Activities; Facilitator Role Model, Group Problem-Solving, Role-Play	To provide participants with an opportunity to practice Peer Outreach skills.	Varies by session	See previous section on "Training Activity Procedures"
(4) Homework assignment and practice	To assign homework and provide participants with an opportunity to 1) practice the homework assignment, 2) gain support and suggestions for doing homework and 3) to assist the participant in problem-solving barriers to doing homework.	Varies by session	1) Describe homework assignment 2) Answer any questions about assignment 3) Ask for participants to volunteer to role play the homework. 4) Facilitators should offer positive reinforcement for using PEER Communication skills and correct information. 5) Facilitators should encourage the group to help each other problem-solve barriers
(5) Summary	1) To summarize and close the session and 2) To remind participants about the date and time of the next session for retention	Varies by session	Review the main points of the session and remind participants about the next scheduled session.



A PEER-LED PROJECT

INTRODUCTION TO THE SHIELD INTERVENTION: SHIELD SESSION STRUCTURE

Resources and Materials Needed to Deliver the SHIELD Sessions

The following section outlines the supplies and materials needed for an agency to implement SHIELD. The supplies may be used for administrative tasks, recruitment, facilitating intervention sessions, and evaluation.

GENERAL ADMINISTRATIVE SUPPLIES AND EQUIPMENT

Paper
 Telephone
 Photocopier (or access to one)
 Computer (for record keeping and database management)
 Room large enough to hold up to 14 people (i.e., 2 facilitators and up to 12 participants)
 Cell phones (helpful for recruiters)
 Bags for outreach materials

MATERIALS AND RESOURCES FOR INTERVENTION SESSIONS

Name tags	Chairs
Newsprint	Table (For demonstrations)
Easel	Snacks
Pens for participants	Incentives for participants
Paper for participants	Napkins, cups, plates
Sign-in sheets	
Markers	
Push pins or masking tape (For posters)	
Handouts for each session (If needed)	
Graduation Certificates (See SHIELD intervention Session 6)	
Calendar of session dates (Handed out at Pre-Program Contact)	

Safer Sex Kits

Male condoms¹
Female Condoms
Water-based Lubricants

Safer Injection Kits

Cooker
Cotton
Bottles of rinse water
Alcohol pads

Male condom model (to demonstrate correct use of male condoms)
 Female condom model (to demonstrate correct use of female condoms)

¹ Many local health departments provide **male** and **female** condoms to local community agencies at no or minimal cost. You are encouraged to contact your local health department for more information.



Getting Familiar with Community Resources

Throughout the SHIELD intervention, **Peer Educators** will share options, resources, and information when they do their Peer Outreach. In order to enhance **Peer Educator's** repertoire of resources, they will need to be well informed by your agency as to the available resources in the community.

Prior to implementing SHIELD, agencies should identify community resources and compile them as a resource guide, database, or list. Some areas to consider are availability of Needle Exchange Programs, availability & accessibility of drug treatment slots, location of community venues that provide free HIV and STD screenings and local laws about drug paraphernalia.

The following are some additional tips for assessing community resources:

- Contact local agencies in your community to find out more about their resources, services, and information. Identifying local agencies can be done in a variety of ways including:
 - 1) Contacting agencies that your agency has partnered with in the past;
 - 2) Asking current clients where they go for services;
 - 3) Contacting local health departments;
 - 4) Going through the local telephone book; and
 - 5) Internet searches.
- Develop and distribute a “Resource Cheat Sheet” for participants. This sheet should include relevant information about each resource such as name, address, phone number, hours of operation, services provided, and eligibility criteria. These sheets can be given to **Peer Educators** so they can easily remember this information when they are doing their Peer Outreach.
- Periodically check back with your referral sources to ensure that they are still offering the same services, that their accepted payment method (if applicable) is the same, and that the contact information you have on file is still correct. It is beneficial to establish a rapport with at least one person at that agency.
- Look for online projects or databases that have already done the leg work of compiling community resources in your area. This may include your local health department web page.
- Remember, community assessment is an ongoing process. During implementation, clients may request additional resources that are not currently on file. In this case, let the participant know that you do not have the information at this time, but that you will look into it as soon as possible and get back to them. Most times the person will appreciate your honesty and as long as you follow through with your effort you will have modeled good **Peer Educator** behavior as well as provided a needed resource.
- Make resource information available to all staff in the event that a participant returns to your agency before or after an intervention session looking for guidance.



OBJECTIVES

- To introduce the purpose of the SHIELD intervention
- To establish group cohesion and expectations
- To generate motivation to remain in the program
- To define Peer Educator role
- To introduce examples of “Peer Outreach”
- To identify a “homework buddy”

	SESSION COMPONENTS	ESTIMATED TIME
1	Introductions of group and facilitator(s)	10 minutes
2	Describe the purpose of the program	5 minutes
3	Group rules	5 minutes
4	Brainstorming; Peer Educator and Peer Outreach	20 minutes
	Break	10 minutes
5	Peer Outreach Settings	15 minutes
6	Homework assignment and preparation	15 minutes
7	Summary	5 minutes
	Total	85 minutes
Post-session debriefing (facilitators and Program Manager)		20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Snacks (optional)

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- Calendar with schedule of sessions
- Session 1 Homework Handout

POSTERS (See Appendix I)

- Group Rules Poster
- Poster with Peer Educator Role Definition
- Poster with Additional Peer Outreach Examples


Facilitator Preparation Tasks

- Meet and divide session components
- Practice (“dry-run”) Session 1 with Co-facilitator (allow up to 2 hours prior to session for the practice)
- Arrange chairs in room in a semi-circle
- Set up stand with blank newsprint where all participants can see it
- Prepare Session 1 posters (Do Not display until prompted by script)
 - Group Rules
 - Definition of Peer Educator
 - Examples of Peer Outreach
- Print Session 1 Homework Assignment Cards (1 per participant)
- Print Calendar of Sessions (1 per participant)

Session 1 Take-Home Points for Facilitators

- The goal of this session is to get your clients to feel excited about the SHIELD program and to want to come back for Session 2.
- During the introductions make sure you individually acknowledge each participant and welcome them into the program.
- Emphasize that the goal of the program is to train participants to be Peer Educators who can help others be safer.
- Emphasize that Peer Outreach can be a variety of different activities that are done in a variety of settings.
- Emphasize the importance of Homework in their training to be a Peer Educator in the SHIELD program (“practice makes perfect”).
- Allow ample time for the group to identify a Homework Buddy and to discuss or practice how they plan to do their homework.

PURPOSE	Participants and facilitators will introduce themselves.
TIME	10 minutes
MATERIALS	Name tags; sign-in sheet; pens

PROCEDURES	SUGGESTED SCRIPTS
Ask the participants to take their seats.	Can everyone please take their seats so that we can get started?
Welcome participants to the group.	<p>We would like to welcome everyone to the first session of the SHIELD Peer Educator Training program!</p> <p>We know that you all have busy lives and for that we would like to express our gratitude for your willingness to come in today, and also for your interest in this program.</p>
Facilitators introduce themselves.	<p>My name is [insert name] and I will be one of your group facilitators.</p> <p>And I am [insert name] and I will be your other facilitator.</p>
<p>Ask participants to introduce themselves.</p> <p> FACILITATOR NOTE: After each participant has introduced themselves personally acknowledge them and thank them for coming.</p>	The first thing that we would like for you all to do today is go around the room introduce yourselves and share a little with us like why you have decided to come to this program.
Transition to the description of the SHIELD program.	Again we welcome you to the SHIELD Program. As a part of the SHIELD program, we think that you will have fun and learn some new information that can help you and others in the fight against HIV. Now let us tell you a little more about what this program is about.

PURPOSE	Participants will learn about the purpose of the SHIELD program.
TIME	5 minutes
MATERIALS	Required program description script

PROCEDURES	SUGGESTED SCRIPTS
<p>Describe the purpose of the program.</p> <p>FACILITATOR NOTE: THIS IS A REQUIRED SCRIPT THAT YOU MUST READ AS IT IS WRITTEN IN EVERY SESSION 1.</p>	<p>The purpose of the SHIELD program is to train you to be a Peer Educator so that you can share HIV prevention information with people that you know so that they can be safer and healthier. We call this Peer Outreach. Through this training you will learn 4 communication skills, which we call PEER Communication skills, so that you can conduct Peer Outreach.</p>
<p>Emphasize that participants in the group are already knowledgeable about HIV.</p>	<p>We believe that you are already experts and have a lot of knowledge about HIV and are an important part of the solution to stopping the spread of HIV.</p>
<p>Emphasize that SHIELD is designed for a variety of individuals.</p>	<p>A lot of different people are getting trained to be Peer Educators through this program. Some may be actively using drugs while others may be in recovery. The one thing that you all have in common is that you all see people doing unhealthy things everyday and therefore have an opportunity to show them safer options. We believe that by promoting options for safer drug use and safer sex, you will not only help others but you will also help yourself be safer and healthier too.</p>

PROCEDURES


Address any questions from participants and transition to next component.

SUGGESTED SCRIPTS

Throughout the program, we will be talking more about being a Peer Educator, PEER Communication skills and Peer Outreach. For right now do you have any questions about the purpose of the SHIELD program?

Ok, let's move on and talk about some rules for our group so that we can all learn in a safe and supportive environment.

PURPOSE	Participants will review and agree upon an appropriate code of conduct for the group.
TIME	5 minutes
MATERIALS	Poster with group rules; tape

PROCEDURES	SUGGESTED SCRIPTS
<p>Explain the importance of group rules so that everyone can feel comfortable throughout the sessions.</p>	<p>We will be spending the next 6 sessions together talking about several different and possibly sensitive topics. It is really important that we all feel comfortable expressing our opinions and learning from each other.</p> <p>So we have come up with some group rules that we would like for everyone to follow.</p>
<p>Review each group rule and ask participants to comment on why each rule is important.</p> <p> FACILITATOR NOTE: Now hang the “Group Rules” poster and keep on display throughout the entire program [Refer to Appendix 1 for poster content].</p>	
<p>Explain the rationale for CONFIDENTIALITY.</p>	<p>What is discussed during these sessions is private and can be sensitive. In order to feel safe to share information we must agree not to share information about people in the group with people outside of the group.</p>
<p>Explain the rationale for RESPECT.</p>	<p>This program is for different people and people are allowed to have different opinions. It is important that we respect each other during these sessions, which includes not interrupting or talking over each other. Respecting others is an important part of being a good Peer Educator.</p>

PROCEDURES	SUGGESTED SCRIPTS
Explain the rationale for BE ABLE TO PARTICIPATE.	We want you to be able to get the most out of each session so we need you to come prepared to participate.
Explain the rationale for BE HONEST.	We believe that you will get the most out of this group by being honest.
Explain the rationale for YOU HAVE THE RIGHT TO NOT PARTICIPATE.	We may be talking about some sensitive issues and you should not feel pressured to participate if something comes up that you are not comfortable with.
Explain the rationale for CELL PHONES ON VIBRATE OR OFF.	We understand that some people may need to get in contact with you. If you need to answer your phone, you can quietly leave the room and take the call.
Explain the rationale for BE ON TIME.	[See Facilitator note on next page on late policy]
Explain the rationale for NO VIOLENCE.	Finally, we want this to be a safe and comfortable place for everyone, so violence or the threat of violence does not have a place here.
Review additional housekeeping topics. 📌 FACILITATOR NOTE: [See a list of additional house keeping topics on the next page]	In addition to these group rules there are a few other things that we want to point out such as the location of the restrooms, etc.
Summarize and transition to component 4.	Thank you all for your participation. We are going to keep these posted throughout the 6 sessions as a reminder. Now let's move on and talk about ways that we are already helping others in our community as Peer Educators.

📌 FACILITATOR NOTE:



Prior to SHIELD implementation, the Facilitators and the Project Manager should discuss the agency's policy about participant lateness and missing sessions. Because each session contains a lot of information and practice, we suggest setting a limit on how late a participant can be to join the group (e.g., no later than 20 minutes) so that they minimally disrupt the group and can get the maximum from the training.



See and review policies that were discussed/determined during pre-implementation with the Project Manager.

Additional housekeeping topics that facilitators may review:



- *Location of the bathroom*
- *Children, spouses and friends of participants not being allowed to sit in on sessions*
- *Number of sessions, scheduling of sessions and length of sessions*
- *Bad weather policy*

PURPOSE	Participants will become energized and motivated about Peer Educator training.
TIME	20 minutes
MATERIALS	Blank newsprint; SHIELD Peer Educator poster; markers; tape

PROCEDURES	SUGGESTED SCRIPTS
Re-state the purpose of the SHIELD program.	As we have described, the purpose of the SHIELD program is to train you to be a Peer Educator.
Ask participants to brainstorm their definition of a Peer Educator.  FACILITATOR NOTE: As participants are sharing their definitions of Peer Educator, one facilitator should write down their responses on the newsprint while the other acknowledges their contribution.	What do you think a Peer Educator is? [Continue with script after the group discusses definition of a Peer Educator] Yes, a Peer Educator is a person who can play so many different and important roles in the lives of the people they are in touch with everyday.
Define SHIELD Program Peer Educator.  FACILITATOR NOTE: Hang SHIELD Peer Educator definition poster [Refer to Appendix 1 for poster content].	Peer Educators are so many things such as [read definitions off newsprint]. As part of the SHIELD training, a Peer Educator is someone who conducts outreach to their peers by sharing HIV risk reduction information and resources so they can be safer.
Address any questions about definition of Peer Educator.	Does anyone have any questions about what a SHIELD Peer Educator is?
Point out that many of the participants are already helping others and sharing information and resources.	Many of you are probably already helping others be safer and healthier in different ways.


PROCEDURES	SUGGESTED SCRIPTS
<p>Ask participants to brainstorm examples of how they are already helping people in their lives/community.</p> <p> FACILITATOR NOTE: 1) Allow time for participants to think about a situation where they are helping someone. If the group is stuck, encourage them to think about providing help with issues of drug use, health, housing, finances, etc.</p> <p>As participants are sharing, one facilitator should write responses on a new sheet of newsprint.</p>	<p>We would like to hear about some of the things that you are already doing to help people, such as sharing information and resources or advice with people.</p> <p>As you share your example, tell us a little about the person that you are helping.</p> <ul style="list-style-type: none"> • How did you know that they needed your help? • How does it feel to give someone information that helps them? • Where did you learn about the resources that you shared?
<p>Summarize the discussion and transition to session break.</p> <p> FACILITATOR NOTE: During the break, hang the “Additional Examples of Peer Outreach” poster [Refer to Appendix 1 for poster content].</p>	<p>Thank you all for sharing! As you can hear from your stories you are already doing things as Peer Educators to help people be healthier. Also, don’t forget that you have also helped yourself to be healthier the moment you decided to participate in this program. As a part of the SHIELD training program we will give you some additional tools to help enhance your role as a Peer Educator.</p> <p>Next we are going to take a 10 minute break.</p>


PURPOSE	Participants will generate examples of Peer Outreach and settings.
TIME	15 minutes
MATERIALS	Poster with additional Peer Outreach examples; blank newsprint; markers; tape


PROCEDURES	SUGGESTED SCRIPTS
Settle group from break.	Welcome back from the break. Let's take our seats.
<p>Review additional examples of Peer Outreach.</p> <p> FACILITATOR NOTE: Point out the poster of “Additional Examples of Peer Outreach”.</p>	<p>Before the break you all shared some stories about how you are already helping people in your lives by sharing information and resources.</p> <p>We want to encourage you to keep doing that because this is what the SHIELD training program is all about. It is also about taking the information we learn here and not only using it for our benefit, but also for the benefit of others.</p> <p>Here are some examples that Peer Educators use to conduct outreach. [Read the poster aloud]</p>
<p>Ask the group to identify the variety of contexts where outreach can be conducted.</p> <p> FACILITATOR NOTE: Encourage participants to think of a variety of settings. If participants are having difficulty providing examples, use some of the examples listed in the suggested script.</p>	<p>You have seen the list of the different things that Peer Educators can do and use as topics for discussion. Now after looking at this list, can you all give me some examples of places where Peer Outreach can be done?</p> <p>[Examples could include: at a hair salon, at a bus stop, after dinner, at a health clinic]</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Emphasize the importance of safety when conducting Peer Outreach.</p> <p>FACILITATOR NOTE: Again, encourage participants to think of a variety of settings. If participants are having difficulty providing examples, use some of the examples listed in the suggested script.</p>	<p>So what you all are saying is that Peer Outreach is not just standing on a street corner handing out condoms but can be talking to a girlfriend while we get our hair done or leaving brochures in your house for people to read.</p> <p>We want to make sure that whenever and wherever we are conducting Peer Outreach that we are considering our safety and the safety of the people that we are talking to. By safety we are not only talking about physical security, but also being safe with privacy.</p> <p>Who can give me an example of when Peer Outreach may not be safe?</p> <p>[Examples could included: On a busy street corner where drugs are being sold, during a support group, or when you may be disrupting someone's privacy]</p> <p>Be sure to weigh your options when conducting Peer Outreach in these places. Not only can it be a distraction for others, but it can also be unsafe.</p>
<p>Summarize and transition to identifying homework buddy activity.</p>	<p>Thank you all for sharing. In conducting Peer Outreach there may be some places or settings where Peer Outreach may not be safe. Let's move to the next part of the session where we are going to talk about choosing a homework buddy for you to practice Peer Outreach with during this program.</p>


PURPOSE	Participants will be assigned homework and identify a Homework Buddy.
TIME	15 minutes
MATERIALS	Session 1 homework handout

PROCEDURES	SUGGESTED SCRIPTS
Describe the purpose of the homework assignment.	An important part of the SHIELD Peer Educator training is practicing the skills that we learn in these sessions. As they say, practice makes perfect; the more you practice, the more you will find yourself getting comfortable with the skills that you are being trained for. After each session, we are going to give you a homework assignment to try before the next session so that we really do get to practice what we are learning here. We know that life is busy and things do come up from time to time, sometimes more often than we would like them to. However, try to do each homework assignment so that when we come back together as a group for each session, we are able to share with each other how things are going, what works, and what does not work.
<p>Ask participants to identify 1-2 Homework Buddies.</p> <p> FACILITATOR NOTE: The goal of this activity is to have participants identify people in their lives to whom they can conduct outreach who are likely to be supportive of their outreach and easy to talk to.</p> <p>Based on the aim of conducting outreach to share HIV prevention information, choosing someone who is high risk such as an injection drug user is ideal. However, it is not intended that Peer Educators choose Homework Buddies who may jeopardize their drug treatment plan or drug recovery.</p>	The goal of the homework assignments are to try to give back everything that you are learning during our time together. It would be best to share information with the same person throughout the entire program. We will call this person your Homework Buddy.

PROCEDURES	SUGGESTED SCRIPTS
<p>Ask participants to identify 1-2 Homework Buddies (CONTINUED).</p>	<p>The best people to choose are those who will be interested and supportive of you as you are being trained to be a Peer Educator. It would also be good if you could choose the people that you want to conduct Outreach with because you want to help them be safer, such as someone who is using or injecting drugs. Take a minute to think about a person that you will see or someone that you interact with on a regular basis and let's go around the room to share.</p> <p>[If participants identify individuals who may be challenging, ask why they may be challenging. Then have them identify someone who they think will be more receptive to outreach and ask why they may be more receptive]</p>
<p>Describe the homework assignment for Session 1.</p> <p> FACILITATOR NOTE: The aim of this homework is to solicit participation and support of someone who will be available for the Peer Educator to practice their skills throughout the program.</p> <p>We recommend distributing a written handout of the homework assignment. This handout will help participants remember what the assignment is. A copy of the homework assignment can be found in the SHIELD Handouts for Participants Folder.</p>	<p>Your homework assignment, to be completed by the next session, is to: Tell your Homework Buddy that you are being trained in the SHIELD program to be a Peer Educator and ask them if they are willing to be your "Homework Buddy" for the next 5 sessions.</p> <p>Here are your reminder homework cards. [Now pass out the homework handout]</p> <p>Don't forget that the homework assignment is to be completed by the next time we meet, which will be the 2nd session.</p> <p>Please remember the person you chose today, because this will be the same person that we would like for you to keep working with throughout your training.</p> <p>Does anyone have any questions about this assignment?</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Have several participants do a role-play to practice how they will do their homework.</p> <p> FACILITATOR NOTE: The purpose of this role-play is to allow participants to anticipate problems with their homework and to problem-solve with the aid of the facilitators and the group.</p>	<p>We would like to have a few volunteers role-play how they are going to do their homework. Before we do the role-play, tell us when you think you will see your Homework Buddy.</p> <p>[Have the participant role-play their homework assignment with a facilitator. The participant will play the role of Peer Educator and the facilitator will play their Homework Buddy].</p> <p>[Be sure to listen to the information given by the participant so that you can role-play with them accordingly. Provide encouragement and suggestions to participants as they are role-playing their homework.]</p> <p>One thing to remember is that the more time you spend doing the homework, the more your Homework Buddy will get out of it. Ideally the homeworks should take 10-15 minutes to do. If you find it hard to stretch the homework out that long, we can discuss it at the beginning of the next session.</p> <p>Can I have another person volunteer to do the role-play?</p>
<p>Summarize point about homework practice.</p>	<p>Thank you to those who volunteered to role-play. As you could see, when approaching your Homework Buddy, remember these tips:</p> <ul style="list-style-type: none"> • Make sure it is a good time for them. • Explain what your homework is. • Ask them - do not tell them.

PURPOSE	Participants will get a recap of the content of the session and become motivated to return to the program.
TIME	5 minutes
MATERIALS	Calendar of SHIELD sessions

PROCEDURES	SUGGESTED SCRIPTS
Recap the session.	We are so excited to have you be a part of the SHIELD Peer Educator training program. As we have said, the goal of SHIELD is to train you all to conduct Peer Outreach so that we can stop the spread of HIV and AIDS in our community and by being part of this program you are already making a difference.
Remind participants about the time and date of the next session.  FACILITATOR NOTE: We recommend distributing a calendar of sessions to remind participants of the date and time of the remaining 5 sessions [Refer to SHIELD Handouts for Participants Folder].	The date and time of the next session is [insert date and time of next session].
Provide motivation for return to Session 2.	We would like for you all to give yourselves a round of applause for all of your hard work! We can't wait to see you next session!

SESSION 2 SESSION OVERVIEW

OBJECTIVES

To provide support and positive reinforcement for Peer Educator role

To review basic HIV risk information

To introduce and practice PEER Communication skills

	SESSION ACTIVITIES	ESTIMATED TIME
1	Homework check-in	20 minutes
2	Present new information: PEER Communication skills	25 minutes
	Break	10 minutes
3	Peer Educator Training Activity: Group Problem Solving and role play with HIV information review	25 minutes
4	Homework assignment and practice	15 minutes
5	Summary and Close	5 minutes
	Total	100 minutes
	Post-session debriefing (facilitators and supervisor)	20 minutes

MATERIALS

- Blank flip chart pads
- Easel
- Markers
- Flip chart markers
- Masking tape
- Name tags
- HIV information questions
- Snacks (optional)

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- PEER Communication Skills Cards
- Session 2 Homework Handout

POSTERS (See Appendix I)

- Group Rules Poster (from Session 1) [Hang throughout all sessions]
- Poster with Peer Educator Role Definition (from session 1) [Hang throughout all sessions]
- Poster with Peer Outreach examples (from session 1) [Hang throughout all sessions]
- Poster with Homework Check-in Questions
- Poster with PEER Communication skills
- HIV-Information Activity Posters (Body Fluids Poster and Lubricants Poster)

Facilitator Preparation Tasks


- Meet and divide session components
- Choose scenario for the Facilitator Role-play and assign roles (page 49)
- Practice (“dry-run”) session 2 with co-facilitator (allow up to 2 hours prior to session for the practice)
- Arrange chairs in room in a semi-circle
- Set up easel with blank newsprint where all participants can see it
- Have Session 1 posters on display
 - Group Rules
 - Definition of Peer Educator
 - Examples of Peer Outreach
- Prepare Session 2 posters (Do Not display until prompted in script)
 - PEER Communication skills
 - HIV Review Activity Posters and accompanying materials
- Print PEER Communication Skills Cards (1 per participant)
- Print Session 2 Homework Assignment Cards (1 per participant)

Session 2 Take-Home Points for Facilitators

- During the Homework check-in be attentive to participants who experienced challenges with completing the homework and engage the group to help overcome the barriers. For example, if the participant was not able to talk to their Homework Buddy to complete the homework, ask for suggestions about other people that they can do their next homework assignment with.
- During the Facilitator role-play, exaggerate the “Bad” and “Good” versions to emphasize the effectiveness of the PEER Communication skills in improving the conversation.
- There are two important parts of the HIV review activity. First, it is important that the group understand the correct answer. Therefore, read or summarize the explanation of the correct answer. Then, it is important to have the group practice using their PEER Communication skills in situations where they would be discussing this information with a peer. Ask the group to discuss or demonstrate how they would talk with someone to share this information. Summarize the discussion by pointing out how the PEER Communication skills are effective.
- In the Homework & Practice section, ensure that ample time is allowed for participants to role-play and get group feedback about how they plan to do the homework.


PURPOSE	Participants will discuss their experiences with doing the homework assignment.
TIME	20 minutes
MATERIALS	Poster with homework check-in questions; tape


PROCEDURES	SUGGESTED SCRIPTS
Welcome participants to group.	<p>We are so excited that you all are back for the second session.</p> <p>Before we get to anything else, we want to first of all remind you that the goal of The SHIELD Peer training program is to train you to conduct Peer Outreach so that we as a community can help stop the spread of HIV and other STD's.</p>
Describe the homework check-in component.	<p>The first thing we will do at the beginning of each session is to check in with you to hear how your homework assignment went. Remember that the homework assignment is an important part of your Peer Educator training because it gives you a chance to practice your skills with people in your own life. If you were not able to do the homework or if the homework did not go as you wanted we still want to hear about your experience.</p>
Ask the group to describe the homework assignment from the prior session.	<p>So unless anyone has any questions, who can remind us what your homework assignment from Session 1 was?</p>




PROCEDURES	SUGGESTED SCRIPTS
<p>Ask the participants to share their homework experience.</p> <p> FACILITATOR NOTE: SESSION 1 HOMEWORK ASSIGNMENT: Tell your Homework Buddy that you are being trained in the SHIELD program to be a Peer Educator and ask them if they are willing to be your “Homework Buddy” for the next 5 sessions.</p> <p>Now hang poster with homework check-in questions to guide the discussion [Refer to Appendix 1 for poster content].</p> <p>DO NOT read the last question on the poster because the participants have not yet been exposed to the PEER Communication skills.</p> <p>Attempt to get responses from ALL participants. In the case where a participant was not able or did not do their homework, help them problem-solve so that they can avoid the barriers that they encountered.</p>	<p>Who would like to share how your homework went? We would like you to start by first telling us who you did your homework with and how you approached them.</p> <p>[Read questions aloud off poster. DO NOT read the last question.]</p>
<p>Summarize the discussion.</p>	<p>Thank you all for sharing with us. It sounds like from what you shared: [Summarize their experiences].</p> <p>As we talked about last session, there are some situations and settings for Peer Outreach that are better than others. This is a great transition into the next part of the session, which is on the 4 PEER Communication skills that Peer Educators use to conduct Peer Outreach.</p>



**SESSION 2 COMPONENT 2 PRESENT NEW INFORMATION:
PEER COMMUNICATION SKILLS**



PURPOSE	Participants will learn PEER Communication Skills to be used during Peer Outreach.
TIME	25 minutes
MATERIALS	PEER Communication Skills poster; PEER Communication skills cards; tape; markers

PROCEDURES	SUGGESTED SCRIPTS
<p>Have the group brainstorm examples of communication skills that Peer Educators should use when conducting Peer Outreach.</p> <p> FACILITATOR NOTE: As participants are brainstorming examples, one facilitator should write their ideas on a new sheet of newsprint.</p>	<p>Now we want to spend some time talking about communication.</p> <p>What are some examples of communication skills that you think Peer Educators should use when we conduct Peer Outreach?</p> <p>[Skills that should be covered include:</p> <ul style="list-style-type: none"> • Non-verbal skills (e.g. good eye contact), • Affirming body posture (e.g. not having arms crossed), • Speaking in a respectful manner (e.g. not yelling or cussing) • Choosing a good time and place for the conversation • Being non-judgmental and respectful.] <p>[Demonstrate and expand on how these make communication better. Examples:</p> <ul style="list-style-type: none"> • “Looking someone in the eyes when they are talking with you lets them know that you are paying attention.” • “Repeating back to a person what he or she has just said lets them know that you have heard everything that they said.” • “Choosing a good time and place to have a conversation that may be sensitive or private, lets the person know that you respect their feelings and privacy.”]

PROCEDURES	SUGGESTED SCRIPTS
<p>Have the group brainstorm examples of Communication skills that Peer Educators should use when conducting Peer Outreach (CONTINUED).</p>	<p>While we are on the subject about what makes good communication, what are some things that will turn a person off when trying to have a talk with them.</p> <p>[Possible examples: having arms crossed, cutting off a person while they are speaking, rolling your eyes, telling a person what to do, etc.]</p>
<p>Summarize the brainstorm and transition to the 4 PEER Communication skills.</p>	<p>You all covered many important points about communication skills needed to conduct Peer Outreach. For your Peer Educator Training we have identified 4 skills called PEER Communication skills to use to conduct Peer Outreach. So let's take a look at these PEER Communication skills which can be remembered with the word PEER.</p>
<p>Discuss "Pick the Right Place and Time".</p> <p> FACILITATOR NOTE: Have the PEER Communication Skills Poster hanging with each letter covered.</p> <p>As you review each letter of the PEER Communication Skills, reveal that part of the poster only.</p>	<p>The first PEER Communication skill is something that we have already talked about:</p> <p>"P" Pick the Right Place and Time: As many of you have mentioned, talking about HIV prevention can be a sensitive topic and Peer Educators are more likely to have a good conversation with someone if the time is good. Last session we talked about different settings and situations that would be good or not so good to do Peer Outreach in. Asking a person "is this a good time?" is one way that we can make sure it is a good time and place.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Discuss “Evaluate Their Situation”.</p> <p> FACILITATOR NOTE: As you review each letter of the PEER Communication Skills, reveal that part of the poster only.</p>	<p>The second PEER communication skill is: “E” Evaluate Their Situation. In order to evaluate someone’s situation we need to listen to what they are saying. Good listening skills include verbal and non-verbal skills. Verbal skills include asking questions to clarify what they are saying and verbally showing them that you are listening (such as uh-huh, ok, etc). Who can give me some examples of good non-verbal skills that we should use</p> <p>[Examples could include: good eye contact, nodding your head, leaning toward the individual]</p> <p>Does anyone have any questions about the second PEER Communication skill?</p>
<p>Discuss “Explore Safer Options”.</p> <p> FACILITATOR NOTE: As you review each letter of the PEER Communication skills reveal that part of the poster only.</p>	<p>The third skill is: “E” Explore Safer Options. Part of being a Peer Educator is helping people reduce their risk based on what options work for them. It is more effective to offer people a range of safer options than to tell them what to do based on what we want them to do. One way that we can do this is by asking them what options they think are the most realistic for their situation.</p>
<p>Discuss “Resources and Referrals”.</p> <p> FACILITATOR NOTE: As you review each letter of the PEER Communication skills reveal that part of the poster only.</p>	<p>The last PEER Communication skill is “R” Resources and Referrals. Peer Educators should be prepared to provide people with a variety of resources (such as condoms and clean water) and referrals (such as locations of HIV testing sites and drug treatment information) so that they can help their peers be more successful in reducing their risk.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Summarize PEER Communication skills and transition to the Facilitator Role Model of using PEER Communication skills.</p> <p> FACILITATOR NOTE: Pass out PEER Communicaiton Skills Cards [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>We think that by using these 4 Communication skills when you conduct Peer Outreach, you are more likely to be successful in having conversations about HIV risk and be more effective in helping your peers make plans for being safer.</p> <p>Does anyone have any questions about the PEER Communication skills?</p> <p>So now we are going to do a demonstration of how the PEER Communication skills look in action.</p>
<p>Describe the Facilitator Role Model scenario and expectations of the participants.</p> <p> FACILITATOR NOTE: If there is only one facilitator for the group, ask a participant to volunteer to be the peer. Meet with them briefly and share with them the script that they should use to respond to the Peer Educator.</p>	<p>We are going to do a role-play to show you how a Peer Educator can use these PEER Communication skills when doing Peer Outreach. I will be the Peer Educator and [co-facilitator] will be the peer. During the role-play we want you to pay attention to how I (Peer Educator) do using my PEER Communication skills. When the role play is over, we are going to ask you to comment on how you think I did. Does anyone have any questions about what is going to happen next?</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Describe the scenario that will be used for the Facilitator Role Model.</p> <p> FACILITATOR NOTE: PRIOR TO THE SESSION, choose one of the following scenarios:</p> <ul style="list-style-type: none"> (1) Friend is busy with a crying baby. (2) Partner just walks through the door from work. (3) Partner on his way to buy drugs. <p>Directions for the role-play: Each facilitator should choose a role. For the facilitator playing the Peer Educator, in the first “take” (the bad example) avoid using the PEER Communication skills.</p>	<p>Here is the scenario [Read scenario aloud- See next page for scripts]</p>
<p>Conduct Facilitator Role Model using Bad Example.</p>	<p>[Use suggested scripts on the following pages for Bad Example]</p>
<p>Debrief the Bad Example role-play.</p> <p> FACILITATOR NOTE: As the group is discussing the Role Model ask them for specific suggestions on how the Peer Educator can do a better job.</p>	<p>So, how do you think I did as a Peer Educator?</p> <ul style="list-style-type: none"> • Did I pick the right place and time? Why or why not? • Did I evaluate the situation? Why or why not? • How do you think my peer felt? <p>Let me redo the scenario using your suggestions.</p>
<p>Conduct Facilitator Role Model using Good Example.</p>	<p>So based on your comments it sounds like I need to re-try the role play really using my PEER Communication skills. I am going to use your suggestions and try again. Tell me what you think.</p> <p>[Use suggested scripts on the following pages for Good Example]</p>

Session 2 Facilitator Role Model Scripts:

Directions for the Role Model: Each facilitator should choose a role. For the facilitator playing the Peer Educator, in the first “take” (the bad example) avoid using the PEER communication skills. [PE stands for Peer Educator]

1. Friend is busy with a crying baby.

Setting: PE stops by the house. Baby is really crying and the friend is looking tired and frazzled.

Scripting for a Bad Example:

PE: Hey Girl what’s going on?

Friend: I think Tyrone is teething, he has not slept and has been crying non-stop, girl I am tired!

PE: Well I stopped by to tell you about this program I just joined and to see if you can help me do my homework because I am going to be trained to be a Peer Educator. So what do you think?

Scripting for a Good Example:

PE: Hey Girl what’s going on?

Friend: I think Tyrone is teething, he has not slept and has been crying non-stop, girl I am tired!

PE: Oh I am sorry to hear that, you do look like you could use a break. Can I do something to help out, like go to the store for some teething gel?

Friend: Oh thanks, my mom is coming over with some in a little bit. What’s up?

PE: Well I wanted to tell you about a new program that I started, but it can wait until you have less on your plate to deal with. Is it ok if I call you later after your mom gets here to help you?

Friend: Yes, I really do want to hear about the program but this is not the best time. So call me later!

Session 2 Facilitator Role Model Scripts:

2. Partner just walks through the door from work.

Setting: PE is in a long term relationship with partner who is a former injector who sometimes smokes crack. Partner comes home and has one foot through the door after a long day at the auto shop.

Scripting for a Bad Example:

PE: Hey Baby I'm glad you finally came home!

Partner: Why is that? All I want to do is put my feet up and relax, it was a crazy day, and we had 10 cars come into the shop!

PE: Oh well I joined this program today where I am going to learn about HIV and STDs and I need you to do my homework with me.

Scripting for a Good Example:

PE: Hey Baby I'm glad you finally came home!

Partner: Why is that? All I want to do is put my feet up and relax, it was a crazy day, and we had 10 cars come into the shop!

PE: Oh, you do look tired, let me get out of your way so that you can sit down.

Partner: Thanks, how was your day?

PE: Well I joined this program that I am very excited about but if you want to rest a bit I can tell you about it later.

Partner: Well I am glad that you are excited but if you could give me about half an hour to relax I would be in a better mood to hear about it.

PE: Sure, I will be upstairs if you need anything, but go ahead and rest. You do look tired.

Session 2 Facilitator Role Model Scripts:

3. Partner on his way to buy drugs

Setting: PE sees a running buddy walking quickly on a busy street.

Scripting for a Bad Example:

PE: Hey man, what's up I haven't seen you in a bit?

Partner: What do you want; I don't have any money to lend you and am trying to make it to the spot for the testers.


PE: Oh, I'll walk with you so that I can tell you about a new program that I am in where I am being trained to be an outreach worker.

Scripting for a Good Example:

PE: Hey man, what's up I haven't seen you in a bit?


Partner: What do you want; I don't have any money to lend you and am trying to make it to the spot for the testers.

PE: No worries man, I wasn't trying to move in on you and don't want to get in your way. I will look for you later in the day after you get yourself well because I do want to tell you about this program. You may even be interested in joining up, but I will catch you later.

PROCEDURES	SUGGESTED SCRIPTS
<p>Debrief the Good Example Role Model.</p>	<p>So, how do you think I did this time as Peer Educator?</p> <ul style="list-style-type: none"> • Did I pick the right place and time? Why or why not? • Did I evaluate the situation? Why or why not? • How do you think my peer felt?
<p>Summarize and transition to the break.</p> <p> FACILITATOR NOTE: Now hand out PEER Communication Cards [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>Thanks for all of your suggestions. As you can see, when I use my PEER Communication skills the conversation went much smoother and my peer was more open to hearing about the program and having more conversations in the future.</p> <p>We have made you some cards that have the 4 PEER Communication skills on it for you to keep in your pocket to help you when you do your Peer Outreach. You are going to get a chance to practice your PEER Communication skills after the break.</p> <p>Now we are going to take a 10 minute break.</p>

**SESSION 2 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING AND ROLE-PLAY WITH HIV INFORMATION REVIEW**

PURPOSE	Participants will review information about HIV and practice using PEER Communication Skills.
TIME	25 minutes
MATERIALS	HIV information questions; body fluids poster/ lubricants poster; lubricant cards; tape; markers

PROCEDURES	SUGGESTED SCRIPTS
Welcome group back from the break and introduce the Peer Educator Training Activity.	<p>Welcome back from the break. Please take your seats so that we can get started.</p> <p>We have just been talking about the 4 PEER Communication skills that we can use to conduct Peer Outreach. Who can review for us what those 4 skills are?</p> <p>Now we are going to do an activity so that we can practice using these skills when we talk to our peers about HIV information.</p>
Describe the activity rules.	<p>For this activity, we will be asking you a question and we want you all to come up with the answer. Once we agree on the correct answer we are going to read a scenario and we want you to brainstorm some things that a Peer Educator could say to their peer in that scenario.</p> <p>Does anyone have any questions before we start?</p>
Conduct the Activity  FACILITATOR NOTE: See HIV information review activity questions and problem solving questions.	[See Next Page].

HIV Information Review Activity Questions and Problem-solving Questions

Directions:

- Read the question in Part A (bolded).
- Have the group discuss and come up with an answer.
- State the correct answer and read the explanation.
- Read PART B and have group brainstorm what a Peer Educator would say to a peer.
- Choose one to two questions (of the six) and have volunteers role play the conversation.

Question #1

PART A:

Facilitator Read: True or False: You can tell if someone has HIV by looking at them.

Answer: **FALSE**

Explanation: People who are infected with HIV do not always show symptoms.

Thinking that you can tell if someone has HIV by looking at them is harmful for 3 reasons:

- 1) by thinking that the person looks “safe” you may not use protection,
- 2) it stigmatizes people who do not look “healthy” and
- 3) someone can look sick for many reasons such as having cancer, other diseases, or even the common cold.

PART B: This is also true for STDs. People who have been infected with an STD may not have any symptoms. Now that we know that you cannot tell if someone has HIV by looking at them, what are some things a Peer Educator could say to someone who says “that someone you know must have HIV because they look gray and their hair is falling out”?

HIV Information Review Activity Questions and Problem-solving Questions

Question #2

Show poster with the following body fluids written on it.

BLOOD	SWEAT	SEMEN
URINE	TEARS	VAGINAL SECRETIONS
SALIVA	BREAST MILK	FECES

PART A:

Facilitator Read: Please come up to the poster and circle which fluids you think **CAN** spread HIV.

FACILITATOR NOTE:

Allow 1 participant at a time to come up to the poster and circle a fluid. Each time someone finishes circling a fluid, ask the group, “Does anyone else think that another fluid can spread HIV?” Once there is no one left in the group that thinks a fluid should be circled, have the group discuss whether they agree or disagree on the final answer and provide the correct answer with explanation. Finally, place “X’s” over those fluids that do not transmit HIV.

Explanation:

- There are only 4 fluids that transmit HIV: blood, semen, vaginal secretions and breast milk. The reason why these are the only fluids that can transmit the virus is because they are the only fluids that HIV can survive in.
- These body fluids do not transmit HIV: sweat, tears, urine, feces, and saliva.

PART B: Now that we know which fluids can and cannot transmit HIV, what are some things a Peer Educator could say to their peers who says that they heard about someone getting infected from eating after an HIV-positive person and using their fork or spoon?

HIV Information Review Activity Questions and Problem-solving Questions

Question #3

PART A:

Facilitator Read: True or False: People living with HIV (HIV-positive) should use condoms with each other.

Answer: TRUE

Explanation: There are different strains of the HIV virus that people can infect each other with. Also, using condoms protects from other STDs.

PART B: Now that we know that people living with HIV should use condoms with each other, as a Peer Educator what could you say to someone who says, “If you have HIV you don’t have to wear a condom if you have HIV-positive partners”?

HIV Information Review Activity Questions and Problem-solving Questions

Question #4

Show a poster that has two columns: one labeled OK to use with LATEX condoms and one labeled NOT OK to use with LATEX condoms.

Lubricants OK to use with LATEX condoms	Lubricants NOT OK to use with LATEX condoms

PART A:

Facilitator Read: For this question we are going to be handing out different lubricants that people use with latex condoms. We want you to come to the poster and place your lubricant in the correct column based on whether you think you can or cannot use it with a LATEX condom.

FACILITATOR NOTE:

After each participant places a lubricant card on the poster have the group discuss whether they agree or disagree and then provide the correct answer with explanation. If participants ask about female or polyurethane condoms, acknowledge that any kind of lubricant can be used with those types of condoms. Point out that in Session 4 we will talk about these types of condoms and lubricants in detail.

Explanation: Petroleum or oil based lubricants (such as Vaseline, baby oil, massage oils, and lotion) break down latex (which is a form of rubber). Water-based lubricants (such as K-Y jelly, Astroglide) and silicone-based lubricants (such as ID Millennium, Wet Platinum) are safe for latex condoms.

Lubricants OK to use with LATEX condoms		Lubricants NOT OK to use with LATEX condoms	
K-Y Jelly	ID Millennium	Vaseline	Baby Oil
Astroglide	Wet Platinum	Massage Oils	Lotion

PART B: Now that we know which lubricants we can and cannot use with a latex condom, as a Peer Educator what could you say to someone who insists that massage oil is the best lubricant with Trojan condoms?

HIV Information Review Activity Questions and Problem-solving Questions

Question #5

PART A:

Facilitator Read: This question is about injection risk. True or False: The best way to clean your needles is by using hot water.

Answer: **FALSE**

Explanation: The best practical method for cleaning needles and works is rinsing with cold water. Because blood contains proteins, hot water makes the blood stick to the needle where cold water does a better job rinsing the needle. [Use the example of using cold water to wash blood out of clothes.]

PART B: Now that we know that cold water is the best way to rinse your needle, as a Peer Educator, what could you say to someone who tells us that their needle is clean because they boiled it in hot water?

HIV Information Review Activity Questions and Problem-solving Questions.

Question #6

PART A:

Facilitator read: True or False: You don't need to go back to get your HIV test results because if you are positive the testing center will come and find you.

Answer: **FALSE**

Explanation: While there may be some testing centers who track positive test results this is not done by everyone. Instead of making assumptions about your result it is best to go and see the testing counselors. Also, by going back you may learn about resources in your community.

PART B: Now that we know that testing centers don't always try to find people who have a positive test, as a Peer Educator, what could you say to someone who tells you that they were tested while they were incarcerated, but aren't worried because if they had tested positive the jail would come and find them?

**SESSION 2 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING AND ROLE PLAY WITH HIV INFORMATION REVIEW**

PROCEDURES

Debrief the activity and transition to homework assignment and practice.

SUGGESTED SCRIPTS

You all did a great job! As Peer Educators, sharing information is one form of conducting Peer Outreach. Often times, we may find ourselves in a situation where misinformation or a myth about HIV is being discussed. As Peer Educators, we can use this time as an opportunity to have a conversation about the correct information and offer resources to others. We may also find ourselves in a situation where we are asked a question and do not know the answer. As Peer Educators, what should we do in this situation?



[Facilitators should solicit feedback from the group and then summarize]



Because Peer Educators are an important resource in the community it is best to be honest if we do not know the answer.

Does anyone have questions before we move on?

Let's talk about your next homework assignment.

PURPOSE	Participants will be assigned homework to practice with their Homework Buddy.
TIME	15 minutes
MATERIALS	Handouts with homework assignment

PROCEDURES	SUGGESTED SCRIPTS
<p>Remind participants about the importance of doing homework as part of their Peer Educator training.</p> <p> FACILITATOR NOTE: Facilitators may tailor the specific assignment, but should design homework to achieve this aim.</p>	<p>You all have been doing a terrific job!</p> <p>Now we are going to review your next homework assignment. Remember at the end of each session you will get a homework assignment, which is really an opportunity for you to practice what you are learning here. Please remember to try your best to do your homework assignment with the same person you did it with the last time, but if this is not possible, try to find someone else who will be supportive of you in your training.</p>
<p>Review homework assignment.</p> <p> FACILITATOR NOTE: Pass out Session 2 homework assignment cards [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>Your assignment today will be to: Share with someone new information that you learned during the HIV review game.</p> <p>Remember to use your PEER Communication skills and start by “P” Picking the right time and place.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Have several participants do a role-play to practice how they will do their homework.</p> <p> FACILITATOR NOTE: The purpose of this role-play is to help participants anticipate problems with their homework and to problem-solve with the aid of the facilitators and the group.</p> <p>Provide encouragement and suggestions to participants as they are role-playing their homework.</p>	<p>Now we are going to do a quick role-play of the homework; remember the purpose of these role-plays is to give you a feel of how you can go about talking to your Homework Buddy about your assignment. This is also the opportunity to get help from your fellow peers here if you are hung up about doing the homework.</p> <p>Before we do the role-play, tell us when you think you will see your Homework Buddy. Also tell us which one of the HIV facts that you learned today that you would like to share with this person.</p> <p>Remember to use your PEER Communication skills while doing the role-play to help guide the conversation.</p> <p>[Directions for role-play:</p> <ul style="list-style-type: none"> • Have a participant volunteer. • Have them describe to the group who the person is that they want to do their homework with and when they think they will see/contact that person to do the homework. • Have the participant role-play with a facilitator playing their Homework Buddy how they will do their homework assignment.]
<p>Debrief and transition to the session summary.</p> <p> FACILITATOR NOTE: If time allows, have additional participants do role-plays.</p>	<p>You all did a great job practicing how you will do your homework. We look forward to hearing from you all how it went with your Homework Buddy.</p>

PURPOSE	Participants will get a recap of the content of the session and become motivated to return to the program.
TIME	5 minutes
MATERIALS	None

PROCEDURES	SUGGESTED SCRIPTS
Recap the session activities.	<p>So in today's session we talked about PEER Communication skills that you Peer Educators will use when you conduct Peer Outreach. Who can remind me what the PEER Communication skills are?</p> <p>When we use these four skills it helps us be more effective when conducting Peer Outreach.</p> <p>We also did an activity that helped us review some HIV information that we can talk to our peers about and we practiced using our PEER Communication skills to have these conversations.</p> <p>Finally, who can remind us what the homework is for today?</p>
Remind participants about the date and time of the next session.	We will see you all at [date/time] for Session 3. Have a great day!

OBJECTIVES

- To provide support and positive reinforcement for Peer Educator role
- To review sex risk information and risk reduction options
- To practice using PEER Communication skills about sex risk reduction

	SESSION ACTIVITIES	ESTIMATED TIME
1	Homework check-in	20 minutes
2	Present new information: Sex risk reduction options	30 minutes
	Break	10 minutes
3	Peer Educator training activities: Group problem solving and Role Plays	30 minutes
4	Homework assignment and preparation	15 minutes
5	Summary	5 minutes
	Total	110 minutes
	Post-session debriefing (facilitator and supervisor)	20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Velcro Tape
- Snacks

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- Sex Risk Reduction Ladder Handout
- Session 3 Scenario Cards
- Session 3 Homework Handout

POSTERS (See Appendix I)

- Poster with Group Rules (from session 1) [Hang throughout all sessions]
- Poster with Peer Educator role definition (from session 1) [Hang throughout all sessions]
- Poster with PEER Communication skills (from session 2) [Hang throughout all sessions]
- Poster with Homework Check-In Questions
- Blank Risk Reduction Ladder Poster
- Sex Behavior Cards
- Sex Risk Reduction Ladder Poster

Facilitator Preparation Tasks



- Meet and divide session components
- Practice (“dry-run”) Sex Risk Reduction ladder activity including explanations of placement of each card on the ladder (allow up to 1 hour for practice)
- Review Problem-solving scenarios and problem-solving questions
- Arrange chairs in room in a semi-circle
- Set up easel with blank newsprint where all participants can see it
- Have the following posters on display
 - Group Rules
 - Definition of Peer Educator
 - PEER Communication Skills
 - Homework Check-in Questions
- Prepare Session 3 posters (Do Not display until prompted in script)
 - Blank risk reduction ladder with Sex Risk Reduction Label at the top
- Have Sex Risk Behavior Cards available
- Print Session 3 Scenario Cards (1 per participant)
- Print copies of Sex Risk Ladder Answer Key (1 per participant)
- Print Session 3 Homework Assignment Cards (1 per participant)

Session 3 Take-Home Points for Facilitators

- During the Homework check-in, be attentive to participants who experienced challenges with completing the homework and engage the group to help brainstorm ways to overcome the barriers. Allow the group time to comment about each participant’s experience and try to relate experiences that may be similar between participants.
- When explaining the completed Sex Risk Reduction Ladder ALWAYS start at the top (unprotected anal or vaginal sex) so that as you move down the ladder you are making the point that each subsequent behavior is a safer option (versus saying the next behavior is even riskier...)
- The Problem-solving questions for each scenario are meant to parallel the PEER Communication skills. Refer often to the PEER Communication skills poster as you are leading the group through the discussion using the Problem-solving questions.

- The Role-play of the Problem-solving scenarios are intended to be opportunities for participants to practice their Peer Educator skills (PEER Communication and risk reduction knowledge). As facilitators, try to manage the pace of these role-plays so that participants have the opportunity to pause and get suggestions from the group during the role-play so that they can feel successful.
- In the Homework & Practice section, ensure that ample time is allowed for participants to role-play and get group feedback about how they plan to do the homework.

PURPOSE	Participants will discuss their experiences with doing the homework assignment.
TIME	20 minutes
MATERIALS	Poster with homework check-in questions; tape

PROCEDURES	SUGGESTED SCRIPTS
Welcome participants to group.	Welcome to the third session of the SHIELD program. Thanks for making it back!
Conduct the homework check-in component of the session.	As we did last session, we will be starting this session by checking in to see how your homework went. If you were not able to do the homework or if the homework did not go as you wanted we still want to hear about your experience.
<p>Ask the group to describe the homework assignment from the prior session.</p> <p> FACILITATOR NOTE: Session 2 homework assignment was to share with someone new information that you learned during the HIV review game.</p> <p>Now display the poster with Homework Check-in Questions. [Refer to Appendix 1 for poster content]. Use these questions to guide the discussion.</p>	<p>So unless anyone has any questions, who can remind us what your homework assignment was from Session 2?</p>
<p>Ask the group to describe the homework assignment from the prior session.</p> <p> FACILITATOR NOTE: In the case where a participant was not able or did not do their homework, help them problem-solve so that they can avoid the barriers that they encountered.</p>	<p>Who would like to share how your homework went? We would like you to start by first telling us who you did your homework with and how you approached them.</p> <p>[Read all questions off poster]</p>

PROCEDURES

Summarize the discussion.

SUGGESTED SCRIPTS


Thank you all for sharing with us. It sounds like many of you had a [insert description] experience sharing new information about HIV.



A few points that we want to make are:



- Sharing information is a great way to get people interested in having a conversation about HIV prevention.
- Using the opening line “I learned something so interesting today, can I tell you what I learned?” is effective, but it is important to remember the first PEER Communication skill which is to pick the right time and place.

Does anyone have any questions or closing comments before we move on?

PURPOSE	Participants will learn about different levels of HIV sex risk and options for reducing risk.
TIME	30 minutes
MATERIALS	Blank risk reduction ladder poster with sex behavior cards; sex risk ladder answer key; Velcro tape


PROCEDURES	SUGGESTED SCRIPTS
<p>Explain to participants that this session will specifically focus on conducting Peer Outreach to reduce sex risk and to share options for safer sex.</p>	<p>Today we are going to focus on ways that we can help others reduce their HIV sex risk and how to use our PEER Communication skills to talk about sex risk. Talking about sex is sensitive and can be embarrassing for some people. We want to remind you about the group rules, especially Respect. People do different things and people have different preferences when it comes to sex and as Peer Educators we need to be respectful, even if we disagree with others' choices.</p>
<p>Explain the sex risk reduction ladder layout.</p> <p> FACILITATOR NOTE: Now display a blank risk ladder poster as you begin this section.</p>	<p>When talking about sex risk, what we want you to realize is that there are different levels of risk associated with different sex behaviors. We are going to use a ladder to describe these different levels of risk.</p> <p>[Point out blank ladder poster]</p> <p>The higher up on the ladder the higher the HIV risk. Notice the higher up on this ladder the color gets red to indicate danger and as you go down the ladder the color becomes blue for less risk. The ground on this poster represents not having sex as the safest option.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Pass out cards for Sex risk ladder activity and describe directions.</p> <p> FACILITATOR NOTE: First have all participants read their card and place on ladder. Allow the cards to be placed incorrectly. Once all of the cards are on the ladder ask the group to comment on the order.</p>	<p>We are going to do an activity so that we can talk about the different levels of risk associated with different sex behaviors. We are going to give you each a card with a behavior written on it. We want you to come up to the poster, tell the group what is written on your card and then place it on the ladder based on how risky you think it is. Then we will discuss. Does anyone have any questions?</p>
<p>Rearrange sex behavior cards so that they are correct and summarize.</p> <p> FACILITATOR NOTE: Use the Sex Risk Ladder Answer Key to determine the correct order of behavior cards on ladder [Refer to SHIELD Handouts for Participants Folder].</p>	<p>You all did a wonderful job with this activity. The main point of this ladder is that there are many different options available to us and our peers for reducing HIV risk related to sex.</p> <p>So let's walk through the different levels starting at the top of the ladder which is the highest risk. Having anal sex without a condom is the riskiest type of sex. Who can say why this is? [Answer: Because the tissue in the anal area is sensitive and can easily tear which would either increase the chance that blood will be present or be an open cut].</p> <p>Vaginal sex without a condom is also a very high risk behavior. The vaginal area is much stronger than the anal area but what body fluids are present during unprotected vaginal sex? [Answer: Vaginal secretions, semen and possibly blood].</p> <p>Farther down the ladder, a safer option is having vaginal or anal sex with a condom. Because a condom is a barrier, if you use it properly from start to finish, it greatly reduces HIV transmission and infection. We will be spending most of the next session talking about condoms.</p>


PROCEDURES	SUGGESTED SCRIPTS
<p>Rearrange sex behavior cards so that they are correct and summarize (CONTINUED).</p> <p> FACILITATOR NOTE: The risk behaviors on the ladder are not specific to any sexual orientation or identity. HIV transmission risk associated with sharing sex toys is sparse so if participants ask about this refocus the discussion to risk associated with the different body fluids that can transmit HIV. For example, if there was HIV infected blood present on a dildo then sharing could be a risk. Encourage using a condom on sex toys.</p>	<p>Farther down the ladder, an even safer option is performing oral sex, where your mouth is on someone's penis or vagina. In fact, oral sex is about 20-50 times less risky than vaginal or anal sex. Remember that HIV can be transmitted through cum or women's vaginal fluid so getting these fluids in your mouth is still a risk. This risk can be higher if you have cuts or open sores on your lips, mouth, or tongue.</p> <p>Using your hands to stimulate your partner is very low risk for HIV infection. Remember that vaginal secretions and semen can transmit HIV so be aware if you have cuts or sores on your hands.</p> <p>And as we said in the beginning of this activity, not having sex is an option and is the only option that will ensure that you will not get infected or infect someone else with HIV. As Peer Educators we should be using our PEER Communication skills to evaluate whether this is a realistic option to suggest to our peers. In some cases it will be, but in others it may not. Does anyone have any questions about any of the behaviors and their levels of risk on the ladder?</p>
<p>Summarize and transition to the break.</p> <p> FACILITATOR NOTE: During the break, display the sex risk ladder poster.</p>	<p>The point of this activity was to point out the variety of options that we can suggest to our peers for being safer when it comes to sex. After the break we are going to do an activity where we are going to brainstorm what we can say to our peers when talking about sex risk and you will also get a chance to role-play the scenario as a Peer Educator.</p> <p>Let's take a 10 minute break.</p>

**SESSION 3 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING & ROLE-PLAYS**




PURPOSE	Participants will review safer sex options and practice using PEER Communication skills.
TIME	30 minutes
MATERIALS	PEER Communication Skills Poster

PROCEDURES	SUGGESTED SCRIPTS
<p>Review the PEER Communication skills and explain the group problem solving activity.</p>	<p>Welcome back from the break!</p> <p>We have spent the beginning of the session talking about different safer sex options. Now let's review our PEER Communication skills to get ready for our next activity.</p> <p>Who can tell us what the 4 skills are? [Choose participants from the group to say what the 4 PEER communication skills are].</p> <p>For the next activity we are going to read you a scenario and ask you to answer some questions about how a Peer Educator can use their PEER Communication skills to help their peer be safer. Then, we are going to ask for volunteers to role-play the scenario using the group's suggestions. Does anyone have any questions before we begin?</p>
<p>Group problem solving for scenario 1.</p> <p> FACILITATOR NOTE: You may tailor the scenarios to fit your specific group or you may ask your group to volunteer a scenario to problem-solve. Make sure that you use the problem-solving discussion questions to guide the discussion.</p> <p>Pass out Session 3 Scenario #1 Cards. [Refer to the SHIELD Handouts for Participants Folder]. Have participants follow along as you read aloud.</p>	<p>Here is the first scenario:</p> <p>Jason and his female partner have been together for 12 years. Jason also has sex with men without his female partner's knowledge. He does not use condoms with her but will occasionally use condoms when he has sex with men he doesn't know.</p>






PROCEDURES	SUGGESTED SCRIPTS
<p>Group problem solving for Scenario 1 (CONTINUED).</p>	<p>Problem-solving questions:</p> <ul style="list-style-type: none"> • What is Jason doing that is risky? [Ask the group what PEER Communication skill this represents. Answer: Evaluate the situation.] • What are some safer options that you could suggest to Jason when he exchanges sex? (e.g. use condoms, only have oral sex) [Ask the group what PEER Communication skill this question represents. Answer: Explore safer options.] • When would be a good time and place to talk to Jason about his risk? [Ask the group what PEER Communication skill this represents. Answer: Pick the right time and place.] • What would be some resources and referrals that we could have available when we talk to Jason? [Answer: Condoms, lubes, information about places to get free condoms.]
<p>Have participants volunteer and describe the guidelines for the role-play.</p> <p> FACILITATOR NOTE: If participants are reluctant to role-play then have one facilitator play the Peer Educator for the first scenario, but insist that someone volunteer for the second scenario.</p>	<p>You all did an excellent job coming up with some suggestions for things that a Peer Educator could say and suggest to Jason. Now we would like a volunteer to role-play the Peer Educator who is going to conduct Peer Outreach to Jason. Can we get another volunteer to role-play Jason?</p> <p>Now before we get started let me explain that it is ok if the Peer Educator wants to pause or time-out the role-play to get additional suggestions from the group or to get your thoughts together. Just say time-out. For those of you observing the role-play look for examples of when the Peer Educator uses their PEER Communication skills. After the role-play we will discuss how things went.</p> <p>Are there any questions?</p>

**SESSION 3 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING & ROLE-PLAYS**

PROCEDURES	SUGGESTED SCRIPTS
<p>Have volunteers role-play scenario.</p> <p> FACILITATOR NOTE: Pay attention to instances when the Peer Educator uses PEER Communication skills so that you can comment on this during the debriefing.</p>	<p>Now , we would like to role-play this scenario. Can we have a couple of volunteers be the Peer Educator and Jason?</p>
<p>Debrief the role-play.</p> <p> FACILITATOR NOTE: Include your comments during the debriefing.</p>	<p>Let's give our volunteers a round of applause!</p> <p>To debrief this role-play, first we want to hear from the Peer Educator. How did it feel in this scenario doing Peer Outreach?</p> <p>Now let's hear from Jason; how did it feel when the Peer Educator was suggesting safer options and resources for being safer?</p> <p>Lastly, from the group, which PEER Communication skills did you see in action?</p>
<p>Summarize the scenario.</p>	<p>Excellent job everyone! Remember when we conduct Peer Outreach it is really important to pick the right time and place and then to listen and evaluate their situation so that we can suggest options that are realistic to them.</p>
<p>Group problem solving for scenario 2.</p> <p> FACILITATOR NOTE: You may tailor the scenarios to fit your specific group or you may ask your group to volunteer a scenario to problem-solve. (Make sure that you use the problem-solving discussion questions to guide the discussion.) (e.g. have participants brainstorm safer options that they can suggest, where a good time and place for the conversation is, and what resources are appropriate.)</p>	<p>Here is the second scenario:</p> <p>Kara is a close friend who you know smokes crack and occasionally injects drugs. She tricks for her drugs and has a pretty regular group of dates. You run into Kara one day and she is pretty high. She tells you that her last date just paid her "real good" for doing it raw (without a condom) and she was able to really score some good drugs.</p>



PROCEDURES	SUGGESTED SCRIPTS
<p>Group problem solving for scenario 2 (CONTINUED).</p> <p> FACILITATOR NOTE: Pass out Session 3 Scenario #2 Cards. [Refer to the the SHIELD Handouts for Participants Folder]. Have participants follow along as you read aloud.</p>	<p>Problem-solving questions:</p> <ul style="list-style-type: none"> • What is Kara doing that is risky? • Is this the best time to talk to Kara about her risk? How could you follow-up with her later? • What are some safer options that you could suggest to Kara that are realistic for her? [e.g., oral sex or hand jobs, use condoms when dates want to have vaginal or anal sex] • What are some resources and referrals that you can have for Kara?
<p>Have volunteers role-play scenario.</p> <p> FACILITATOR NOTE: Pay attention to instances when the Peer Educator uses PEER Communication skills so that you can comment on this during the debriefing.</p>	<p>Now , we would like to role-play this scenario. Can we have a couple volunteers be the Peer Educator and Kara?</p>
<p>Debrief the role-play.</p> <p> FACILITATOR NOTE: Include your comments during the debriefing.</p>	<p>Let's give our volunteers a round of applause!</p> <p>Let's first hear from the Peer Educator. How did it feel in this scenario doing Peer Outreach?</p> <p>Now let's hear from Kara, how did it feel when the Peer Educator was suggesting safer options and resources for being safer?</p> <p>Lastly, from the group, which PEER Communication skills did you see in action?</p>

**SESSION 3 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING & ROLE-PLAYS**

PROCEDURES



Summarize and transition to homework assignment and practice.

SUGGESTED SCRIPTS

You all did a great job using your PEER Communication skills. Now we are going to tell you your homework assignment for today so that you can get some more practice and conduct Peer Outreach.



PURPOSE	Participants will be assigned homework to practice with their Homework Buddy.
TIME	15 minutes
MATERIALS	Handouts with homework assignment

PROCEDURES	SUGGESTED SCRIPTS
Remind participants about the importance of doing homework as part of their Peer Educator training.	For your homework assignment, remember to try to do this with the same person that you did your last homework with, but if this is not possible try to find someone else who will be supportive of you in your training.
<p>Review homework assignment.</p> <p> FACILITATOR NOTE: The aim of this homework is to do the Peer Educator practice using PEER Communication skills to talk about safer options for sex.</p> <p>Pass out Session 3 Homework Assignment Cards and Sex Risk Ladder Handout [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>Your assignment today will be to: Share with your Homework Buddy new information that you learned during the discussion of the sex risk reduction ladder. We have copies of the sex risk ladder to help you do this homework assignment.</p> <p>Remember to use your PEER Communication skills and start by “P” Picking the right time and place.</p>
<p>Have several participants do a role-play to practice how they will do their homework.</p> <p> FACILITATOR NOTE: The purpose of this role-play is to allow participants to anticipate problems with their homework and to problem-solve with the aid of the facilitators and the group.</p> <p>Provide encouragement and suggestions to participants as they are role-playing their homework.</p>	<p>We would like to have a few volunteers role-play how they are going to do their homework. Before we do the role-play, tell us when you think you will see your Homework Buddy.</p> <p>[Directions for role-play:</p> <ul style="list-style-type: none"> • Have a participant volunteer. • Have them describe to the group who the person is that they want to do their homework with and when they think they will see/contact the person to do the homework. • Have the participant role-play with a facilitator playing their homework buddy how they will do their homework assignment.]

PROCEDURES

Debrief and transition to the session summary.

 **FACILITATOR NOTE:**
If time allows, have additional participants do role-plays.

SUGGESTED SCRIPTS

You all did a great job practicing how you will do your homework. We look forward to hearing from you all how it went with your Homework Buddy.

PURPOSE	Participants will get a recap of the content of the session and become motivated to return to the program.
TIME	5 minutes
MATERIALS	None

PROCEDURES	SUGGESTED SCRIPTS
Recap the session activities.	So during today's session we talked about information about different sex risks and we also practiced using our PEER Communication skills to conduct Peer Outreach about reducing sex risk.
Remind participants about the date and time of the next session.	We will see you all at [date/time] for Session 4. Have a great day!

OBJECTIVES		
To provide support and positive reinforcement for Peer Educator role		
To review male and female condom information		
To practice using PEER Communication skills about using condoms and addressing barriers to condom use		
	SESSION ACTIVITIES	ESTIMATED TIME
1	Homework check-in	20 minutes
2	Present new information: Male and Female condom demonstrations & Practice	30 minutes
	Break	10 minutes
3	Peer Educator Training Activities: Group Problem-Solving	15 minutes
4	Homework assignment and preparation Optional: Safer sex kits	15 minutes
5	Summary	5 minutes
	Total	95 minutes
Post-session debriefing (facilitator and supervisor)		20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Male and female condoms
- Penis and vagina models (for condom demonstration)
- Different lubricants (water and oil)
- Saran Wrap
- Paper Towels
- Optional: Safer sex kits
- Snacks

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- Male Condom Steps Handout
- Female Condom Steps Handout
- Session 4 Homework Handout

POSTERS (See Appendix I)

- Poster with Group Rules (from session 1) [Hang throughout all sessions]
- Poster with Peer Educator role definition (from session 1) [Hang throughout all sessions]
- Poster with PEER Communication skills (from session 2) [Hang throughout all sessions]
- Poster with Homework Check-In Questions (from session 3) [Hang throughout all sessions]
- Sex Risk Reduction Ladder Poster

Facilitator Preparation Tasks



- Meet and divide session components
- Practice (“dry-run”) male and female condom demonstration activity (allow up to 1 hour for practice)
- Review Problem-solving scenarios and problem-solving questions
- Arrange chairs in room in a semi-circle
- Set up easel with blank newsprint where all participants can see it
- Have the following posters on display
 - Group Rules
 - Definition of Peer Educator
 - PEER Communication skills
 - Sex Risk Reduction ladder
 - Homework Check-in Questions
- Have variety of male condoms available
- Have penis and vagina models
- Have variety of oil and water-based lubes for activity
- Discuss with Project Manager whether you will be distributing the safer sex kits as part of the homework
- Print Session 4 Homework Assignment Cards (1 per participant)
- Print steps for putting on male condom handout (1 per participant)
- Print steps for putting on female condom hanout (1 per participant)

Session 4 Take-Home Points for Facilitators

- During the Homework check-in be attentive to participants who experienced challenges with completing the homework and engage the group to help brainstorm ways to overcome the barriers. Allow the group time to comment about each participant’s experience and try to relate experiences that may be similar between participants.
- It is important to demonstrate the vast variety of male condoms (ie. latex, polyurethane, flavored, etc.) available as a strategy for them to deal with their peers who have the attitude that “condoms don’t work for me.”
- Strongly emphasize the point that lambskin condoms do not work to prevent HIV transmission.

- Avoid having a lambskin condom, even for demonstration, so that you can eliminate the possibility that a participant will take it with them.
- The goal of the Problem-solving activity is for the participants to practice using their PEER Communication skills to talk to their peers about proper condom use.
- In the Homework & Practice section, ensure that ample time is allowed for participants to role-play and get group feedback about how they plan to do the homework.

PURPOSE	Participants will discuss their experiences of doing the homework assignment.
TIME	20 minutes
MATERIALS	Poster with homework check-in questions; tape

PROCEDURES	SUGGESTED SCRIPTS
Welcome participants to group.	Welcome to the fourth session of the SHIELD program. We have already completed half of your Peer Educator training, time is flying!
Conduct the homework check-in component of the session.	As we always do we want to check in to see how your homework went. If you were not able to do the homework or if the homework did not go as you wanted we still want to hear about your experience.
<p>Ask the group to describe the homework assignment from the prior session.</p> <p> FACILITATOR NOTE: Session 3 homework assignment was to: Share with someone new information that you learned during discussion of the sex risk reduction ladder.</p> <p>Point out to participants the Homework Check-in Questions Poster that was displayed in Session 3. [Refer to Appendix 1 for poster content]. Use these questions to guide the discussion.</p>	So unless anyone has any questions, who can remind us what your homework assignment from Session 3 was?
<p>Ask the participants to share their homework experience.</p> <p> FACILITATOR NOTE: In the case where a participant was not able or did not do their homework, help them problem-solve so that they can avoid the barriers that they encountered.</p>	<p>Who would like to share how your homework went? We would like you to start by first telling us who you did your homework with and how you approached them.</p> <p>[Read questions off poster]</p>

PROCEDURES


Summarize the discussion.


SUGGESTED SCRIPTS


Thank you all for sharing with us. It sounds like many of you had a [insert description] experience sharing new information about sex risk and safer options.

In today's session we are going to keep talking about safer sex options and are going to focus on talking with our Peers about condoms.



PURPOSE	Participants will learn proper use of male and female condoms.
TIME	30 minutes
MATERIALS	Variety of male and female condoms, lubricants; penis and vaginal models; paper towels; Saran Wrap

PROCEDURES	SUGGESTED SCRIPTS
<p>Introduce the activity.</p>	<p>If you were to ask most people how to have safer sex, most would immediately say “use condoms”. Nowadays there are a variety of different types of condoms for men and women, different colors, sizes, flavors and textures available, which is great because it means that there are more options for people.</p> <p>Unfortunately, many people do not know how to properly use a condom or they have had a condom break or slip during sex.</p> <p>As Peer Educators we should be sharing information that can help people properly use condoms or minimize breakage. This is the focus for the first part of today’s session.</p>
<p>Distribute a variety of male condoms to group participants.</p> <p> FACILITATOR NOTE: Ensure that there are enough condoms for every participant to have at least one and have a variety available such as latex, flavored, male polyurethane, colored, extra large, polyisoprene, etc.</p>	<p>We are handing out some male condoms. Take 1 or 2, look at them, stretch them, and unroll them. You can even taste one of the flavored condoms. We are doing this because we think it is important that you get the correct information about the different types of condoms out there so you can help yourselves be healthier as well as the people in your lives.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Review male condom information.</p> <p> FACILITATOR NOTE: Ask participants each question in the script and have them answer as a group.</p>	<p>Now we want to see how much you all know about condoms. I will ask you a few questions and we want you to raise your hand if you know the answer. If you get stuck, you can ask your peers for help.</p> <ul style="list-style-type: none"> • Who can show me where to find the expiration date? • What is the best way to open a male condom packet? • What is the worst way? • Who can show me the reservoir tip • What do you do if you put the condom on upside down? • Where should you dispose of the used condom? • True or false, wearing two condoms is safer than 1? • Where is to worst place to store your condoms?
<p>Demonstrate the proper steps for using and disposing of a male condom.</p>	<ol style="list-style-type: none"> 1. Check expiration date. 2. Squeeze packet to make sure there are no holes. 3. Open packet (don't use scissors or teeth). 4. Squeeze reservoir tip 5. Unroll condom to base of penis (don't flip over). 6. After ejaculation, hold the rim of the condom and remove from partner while penis is still slightly hard. 7. Properly dispose of condom by tying a knot at the end and placing in a trash receptacle.

PROCEDURES	SUGGESTED SCRIPTS
<p>Summarize male condom demonstration.</p> <p> FACILITATOR NOTE: After the male condom demonstration, pass out the Male Condom Steps Handout [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>The male latex condom, when stored properly and used consistently and correctly, is highly effective in preventing the transmission of HIV.</p> <p>As we have said through this discussion, breakage is often the result of using an expired condom or not squeezing the air out of the tip. Also wearing a condom that is too big or too small can cause slipping or breakage. Flavored condoms for vaginal or anal sex is discouraged because the sugars from the flavoring can cause yeast infections. However, if it is the only condom available, it is better to use the flavored condom versus nothing.</p> <p>Finally, and very importantly, we want to emphasize that the lambskin condom <u>DOES NOT</u> Protect against HIV. There are holes in the lambskin condom that HIV can pass through. We recommend that you <u>DO NOT USE</u> the lambskin condom.</p> <p>We can use our PEER Communication skills to share this information with our peers and we will be practicing this after the break.</p> <p>Does anyone have any questions before we move on to talk about lubricants?</p>
<p>Distribute a variety of personal sized lubricants to group participants.</p> <p> FACILITATOR NOTE: Ensure that there are enough lubricants for every participant to have at least one and have a variety available. Include oil-based such as Vaseline or baby oil, water-based such as K-Y, and a silicone-based lubricant such as ID Millennium.</p>	<p>We are handing out some different lubricants. Feel free to open them or smell them.</p>

PROCEDURES	SUGGESTED SCRIPTS
Review lubricant information.	<p>As you can see there are many different types of lubricants that you can use.</p> <p>There are three types of lubricants you should know about: water-based, silicone-based and oil-based.</p> <p>Who can tell and show me what lubricants you cannot use with a latex condom?</p> <p>[Answer: Oil-based lubricants]</p> <p>Who can tell me why you cannot use oil-based lubricants on a latex condom?</p> <p>[Answer: Oil-based lubricants should not be used with a latex condom because they break down the latex and make the condom easier to break. Remember to use ONLY water-based and silicone-based lubricants.]</p> <p>Lubricants with nonoxynol 9 are not recommended because they can be irritating to some people, causing inflammation in the genital area and increasing HIV transmission risk.</p> <p>Does anyone have any questions about lubricants?</p>
Describe the female condom.	<p>Another type of condom that we want to discuss is the female condom. The trademark name of these condoms is Reality, so some people may call them Reality condoms.</p> <p>The female condom is made of polyurethane which is a plastic and transfers heat easily and is good for people who are allergic to latex.</p> <p>The female condom is a great option for women who want to use protection, but their male partners do not.</p>

PROCEDURES	SUGGESTED SCRIPTS
Describe the female condom (CONTINUED).	Now we are going to do a demonstration of how to properly use the female condom.
<p>Conduct a female condom demonstration.</p> <p> FACILITATOR NOTE: After the female condom demonstration, pass out the Female Condom Steps Handout [Refer to the SHIELD Handouts for Participants Folder].</p>	<ol style="list-style-type: none"> 1. Check expiration date. 2. Squeeze packet to make sure there are no holes. 3. Open packet (don't use scissors or teeth). 4. Take condom out the package. 5. Squeeze inner ring to form a figure 8. 6. Using index finger, insert inner ring into the vagina and push until the ring "pops" open. 7. Make sure condom is in place prior to intercourse. 8. After ejaculation, twist the condom while it is still in the vagina (to prevent any semen from spilling) and gently pull to remove. 9. To properly dispose of condom, tie a knot at the end and place in a trash receptacle. <p>Does anyone have any questions about the female condom?</p>
<p>Review information about barrier protection for oral sex.</p> <p> FACILITATOR NOTE: The only item specifically manufactured, tested, and FDA-approved as a barrier method against STDs for other types of oral sex is the Sheer Glyde Dam (www.sheerglydedams.com).</p> <p>Have a roll of plastic wrap and a roll of microwavable plastic wrap to demonstrate which type is safe to use for oral sex.</p>	<p>Both male and female condoms can be used for safer oral sex. Remember the goal is to prevent having semen or vaginal secretions from coming in contact with someone's mouth. Another option for performing oral sex on a woman's vagina or anyone's anus is to use plastic wrap (non-microwavable type because it does not have holes). To do this you would make sure that the plastic wrap covers the vagina or anus .</p> <p>Does anyone have any questions about this?</p>

**SESSION 4 COMPONENT 2 PRESENT NEW INFORMATION:
MALE & FEMALE CONDOM DEMONSTRATIONS & PRACTICE**

PROCEDURES

Summarize and transition to break.

SUGGESTED SCRIPTS

We have just reviewed a lot of information about different types of condoms and lubricants and how to properly use them.

After a 10 minute break we are going to have an activity where we get to practice using our PEER Communication skills to talk with others about condoms.

**SESSION 4 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING**


PURPOSE	Participants will practice talking to peers about safe sex options using PEER Communication Skills.
TIME	15 minutes
MATERIALS	PEER Communication Skills poster; Sex Risk Reduction Ladder poster; tape



PROCEDURES	SUGGESTED SCRIPTS
<p>Describe the directions for the activity.</p> <p>FACILITATOR NOTE: Have the PEER Communication Skills Poster hanging next to the Sex Risk Reduction Ladder. [Refer to Appendix 1 for poster content].</p>	<p>As Peer Educators we are likely going to encounter people who have had negative experiences with condoms and are resistant to using them. We are going to do an activity where we want you to brainstorm different things that Peer Educators can say in response to these people.</p>
<p>Group problem solving.</p> <p>FACILITATOR NOTE: You may tailor the scenarios to fit your specific group or you may ask your group to volunteer a scenario to problem-solve.</p> <p>Try to discuss several of the accompanying scenarios. Read each scenario aloud and allow the group to offer suggestions of what a Peer Educator could say.</p>	<p>Scenarios:</p> <p>a) Your male sex partner says that condoms make him lose his erection.</p> <ul style="list-style-type: none"> Using your PEER Communication skills, what can you suggest to your partner? (Possible answer: Try using more lube to increase sensation; use female or polyurethane condoms). <p>b) Your friend says that condoms always break on them.</p> <ul style="list-style-type: none"> What can you suggest to your friend? (Possible answer: Check the expiration date, squeeze the air out, get a bigger condom; make sure using right lube). <p>c) Your friend says that they always have an allergic reaction to condoms.</p> <ul style="list-style-type: none"> What can you suggest to your friend? (Possible answer: Try polyurethane or female condom).

SESSION 4 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES:
GROUP PROBLEM-SOLVING

PROCEDURES	SUGGESTED SCRIPTS
Group problem solving (CONTINUED).	d) Your male friend says that he is too big for condoms. <ul style="list-style-type: none">• What can you suggest to your friend? (Possible answer: Suggest a larger condom, use female condom).
Summarize the activity.	Excellent job everyone! Remember, when we conduct Peer Outreach, it is really important to listen and evaluate their situation so that we can suggest options that are realistic to them.

PURPOSE	Participants will be assigned homework to practice with their Homework Buddy.
TIME	15 minutes
MATERIALS	Handouts with homework assignment

PROCEDURES	SUGGESTED SCRIPTS
Remind participants about the importance of doing homework as part of their Peer Educator training.	For your homework assignment, remember to try to do this with the same person that you did your last homework with, but if this is not possible, try to find someone else who will be supportive of you in your training.
<p>Review homework assignment.</p> <p> FACILITATOR NOTE: The aim of this homework is to have the Peer Educator practice using PEER Communication skills to talk about condom use.</p> <p>Facilitators may tailor the specific assignment, but should design homework to achieve each stated aim.</p> <p>Pass out Session 4 Homework Assignment Cards [Refer to the SHIELD Handouts for Participants Folder].</p> <p>If your agency chooses to distribute safer sex kits, pass them out as you describe the homework assignment.</p>	<p>Your assignment today will be to: Share with your Homework Buddy new information about different condoms and how to properly use condoms (male or female).</p> <p>Remember to use your PEER Communication skills and start by “P” Picking the right time and place.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Have several participants do a role-play to practice how they will do their homework.</p> <p> FACILITATOR NOTE: The purpose of this role-play is to allow participants to anticipate problems with their homework and to problem-solve with the aid of the facilitators and the group.</p> <p>Provide encouragement and suggestions to participants as they are role-playing their homework.</p>	<p>We would like to have a few volunteers role-play how they are going to do their homework. Before we do the role-play, tell us when you think you will see your Homework Buddy.</p> <p>[Directions for role-play:</p> <ul style="list-style-type: none"> • Have a participant volunteer. • Have them describe to the group who the person is that they want to do their homework with and when they think they will see/contact the person to do the homework. • Have the participant role-play with a facilitator playing their Homework Buddy how they will do their homework assignment.]
<p>Debrief and transition to the session summary.</p> <p> FACILITATOR NOTE: If time allows, have additional participants do role-plays.</p>	<p>You all did a great job practicing how you will do your homework. We look forward to hearing from you all how it went with your homework buddy.</p>

PURPOSE	Participants will get a recap of the content of the session and become motivated to return to the program.
TIME	5 minutes
MATERIALS	None

PROCEDURES	SUGGESTED SCRIPTS
Summarize the lessons learned from the session.	<p>Who can tell me what we learned today as part of our Peer Educator training?</p> <p>We learned about condoms and lubricants and about how we can use them properly. We also practiced using our PEER Communication skills to have conversations about condoms even when the person may be resistant.</p>
Remind participants about the date/time of next session and provide encouragement to attend.	The date and time of our next session is [date/time]. See you then!



- Variety of latex male condoms (colored, flavored, extra large, etc.)
- Male polyurethane condoms
- Variety of water-based lubricants
- Female condoms
- Directions for proper condom use
- List of resources for free condoms
- List of resources for HIV testing centers

OBJECTIVES		
To provide support and positive reinforcement for Peer Educator role.		
To review injection and drug splitting risk.		
To practice using PEER Communication skills about safer injection.		
	SESSION ACTIVITIES	ESTIMATED TIME
1	Welcome back and homework check-in	20 minutes
2	Present new information: a) Review proper injection equipment cleaning skills b) Injection risk reduction options ladder c) Review safer splitting skills d) Drug Splitting risk reduction ladder	a) 10 minutes b) 10 minutes c) 10 minutes d) 10 minutes
	Break	10 minutes
3	Peer Educator Training Activities: Group problem solving scenarios & Role plays	20 minutes
4	Homework assignment and preparation	10 minutes
5	Summary	5 minutes
	Total	105 minutes
	Session debriefing (facilitator and supervisor)	20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Velcro Tape
- Optional: Safer injection/splitting kits
- Snacks
- Optional: Water, cooker, and needle for splitting demonstration

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- Safer Injection Risk Reduction Ladder Handout
- Safer Splitting Risk Reduction Ladder Handout
- Session 5 Scenario Cards
- Session 5 Homework Handout
- Steps to Clean Injection Equipment Handout
- Steps to Safely Split Drug Handout

POSTERS (See Appendix I)

- Poster with Group Rules (from session 1) [Hang throughout all sessions]
- Poster with Peer Educator Role Definition (from session 1) [Hang throughout all sessions]
- Poster with PEER Communication Skills (from session 2) [Hang throughout all sessions]
- Poster with Homework Check-In Questions (from session 3) [Hang throughout all sessions]
- Sex Risk Reduction Ladder Poster (from session 3) [Hang throughout all sessions]
- Blank Risk Reduction Ladder Poster
- Safer Injection Behavior Cards
- Safer Splitting Behavior Cards
- Injection Risk Reduction Ladder Poster
- Drug Splitting Risk Reduction Ladder Poster



Facilitator Preparation Tasks

- Meet and divide session components
- Practice (“dry-run”) Injection equipment cleaning demonstration (allow up to 30 minutes for practice)
- Practice (“dry-run”) Safer drug splitting demonstration (allow up to 30 minutes for practice)
- Practice (“dry-run”) Injection Risk Reduction ladder activity including explanations of placement of each card on the ladder (allow up to 1 hour for practice)
- Practice (“dry-run”) Drug Splitting Risk Reduction ladder activity including explanations of placement of each card on the ladder (allow up to 1 hour for practice)
- Review Problem-solving scenarios and problem-solving questions
- Arrange chairs in room in a semi-circle
- Set up easel with blank newsprint where all participants can see it
- Have the following posters on Display
 - Group Rules
 - Definition of Peer Educator
 - PEER Communication Skills
 - Sex Risk Reduction Ladder
 - Homework Check-in Questions
- Prepare Session 5 posters (Do Not display until prompted in script)
 - Blank Injection Risk Reduction Ladder Poster and Cards
 - Blank Drug Splitting Risk Reduction Ladder Poster and Cards
 - Problem-solving scenarios with discussion questions
- Discuss with Project Manager whether you will be distributing the safer injection kits as part of the Homework
- During preparation for SHIELD, agencies must decide whether or not to do cleaning equipment and drug splitting demonstrations. Facilitators should check-in with Project Manager to find out your agency’s decision regarding this matter.
- If you will be conducting the cleaning equipment and drug splitting demonstrations, review with your Project Manager your agency protocols for dealing with clients who may be triggered by the demonstrations
- Print Session 4 Homework Assignment Cards (1 per participant)
- Print Steps for Cleaning Injection Equipment Handout (1 per participant)
- Print Steps for Safer Splitting Handout (1 per participant)
- Print Session 4 Scenario Cards (1 per participant)
- Print copies of Injection Risk Ladder Answer Key (1 per participant)
- Print copies of Splitting Risk Ladder Answer Key (1 per participant)

Session 5 Take-Home Points for Facilitators


- Prior to the demonstrations, ensure that you inform your group that they can leave the room during if they are feeling uncomfortable or triggered.
- During the Injection equipment cleaning demonstration emphasize the importance of using clean COLD water for rinsing as well as the option of using bleach.
- When explaining the completed Injection Risk Reduction Ladder and Safer Splitting Ladder ALWAYS start at the top (using an unclean needle to inject) so that as you move down the ladder you are making the point that each subsequent behavior is a safer option (versus saying the next behavior is even riskier)
- In the Homework & Practice section, ensure that ample time is allowed for participants to role-play and get group feedback about how they plan to do the homework.
- Remind participants that the next session is the graduation and encourage all to attend.

PURPOSE	Participants will discuss their experiences with doing the homework assignment.
TIME	20 minutes
MATERIALS	Poster with homework check-in questions; tape

PROCEDURES	SUGGESTED SCRIPTS
Welcome participants to group.	Welcome to the fifth session of the SHIELD program.
<p>Ask the group to describe the homework assignment from the prior session.</p> <p> FACILITATOR NOTE: Session 4 homework assignment was to share with someone new information that you learned about condoms and the different condoms available.</p> <p>Point out to participants the Homework Check-in Questions Poster that was displayed in Session 3. [Refer to Appendix 1 for poster content]. Use these questions to guide the discussion.</p>	Who can remind us what your homework assignment from Session 4 was?
<p>Ask the participants to share their homework experience.</p> <p> FACILITATOR NOTE: In the case where a participant was not able or did not do their homework, help them problem-solve so that they can avoid the barriers that they encountered.</p>	<p>Who would like to share how your homework went? First tell us who you did your homework with and how you approached them.</p> <p>[Read questions off poster]</p>

**SESSION 5 COMPONENT 2(A) PRESENT NEW INFORMATION:
DEMONSTRATION OF PROPERLY CLEANING INJECTION EQUIPMENT**


PURPOSE	Participants will learn steps for properly cleaning injection equipment.
TIME	10 minutes
MATERIALS	Needle; clean water; cooker; paper towels

PROCEDURES	SUGGESTED SCRIPTS
<p>Introduce injection risk reduction.</p> <p> FACILITATOR NOTE: As noted in the Project Manager's Guide, the cleaning demonstration is optional. Facilitators should meet with the Project Manager prior to the session to decide if the demonstration will be done. If no demonstration will be done, facilitators should verbally walk participants through the Steps to Clean Injection Equipment Handout [Refer to the SHIELD Handouts for Participants Folder].</p> <p>Have resources available for participants about places where they can obtain drug treatment and/or clean syringes (if applicable).</p>	<p>As you all know, injection drug use remains a major risk for HIV. As Peer Educators it is important that we are able to share information about safer options for injecting drugs with our peers. These options are especially important if our peers are not ready or wanting to stop using.</p> <p>Before we do the activity we want to say a word about the settings and situations where we do Peer Outreach to talk about safer injection.</p> <p>Do you all remember in Session 1 talking about the importance of safety when doing our Peer Outreach? This is especially important when talking about safer injection. Make sure you Pick the right time and place for your peer and yourself.</p> <p>If your peer was heading out to cop some drugs do you think this is the best time and place? [Answer: It does depend, but the Peer Educator should ask them if they have time to talk].</p> <p>Likewise, if you are trying to cut down your own use or are in a treatment program, going to a busy corner where drugs are being sold may not be the best time or place for you. Because we will be talking about safer injection drug use, if anyone feels uncomfortable during the session please let us know.</p> <p>Does anyone have any questions before we begin?</p>

**SESSION 5 COMPONENT 2(A) PRESENT NEW INFORMATION:
DEMONSTRATION OF PROPERLY CLEANING INJECTION EQUIPMENT**

PROCEDURES

Discuss the importance of properly cleaning injection equipment.

 **FACILITATOR NOTE:**
You may want to have the CDC article available for people if they want to read or learn more about the bleach issue:

<http://www.cdc.gov/idu/facts/disinfection.htm>

SUGGESTED SCRIPTS

To reduce the risk of using someone else's needle, one option is to rinse out the syringe with water, at least 3 times. It is important that the water is clean and not rinse water. The more times that you rinse your syringe, the better. Each time you rinse with clean cold water, you greatly lower your risk of getting HIV. Laboratory studies find that if you rinse once you cut down your risk more than half. If you rinse twice your risk is less than 1 in 4 and if you rinse three times your risk is less than 1 in 20. These numbers are conservative. So the more you rinse the better. Rinsing five times with cold water is great.

Another option to reduce risk even further is to rinse your needle 1 time with clean cold water, 1 time with bleach, and 1 time again with new clean cold water. The reason why this can be more effective than just rinsing with water is because bleach kills HIV. However, if there is a lot of blood in the syringe, or the blood has already clotted, the bleach may not come into contact with all of the HIV. That's why it is important to rinse first with water and try to get all the blood out of the syringe. Even if you cannot see the blood it can still be in the syringe.

There are several factors that will effect how well you remove HIV from the syringe. One factor is whether the bleach was stored properly and its expiration date has not passed.

Another key factor is whether the blood has clotted inside the syringe. One way to prevent this is to rinse the needle right after injecting. It is often less stressful to rinse your own syringe after you inject, especially heroin, than before injecting. After injecting you're more relaxed.



**SESSION 5 COMPONENT 2(A) PRESENT NEW INFORMATION:
DEMONSTRATION OF PROPERLY CLEANING INJECTION EQUIPMENT**

PROCEDURES	SUGGESTED SCRIPTS
<p>Discuss the importance of properly cleaning injection equipment (CONTINUED).</p>	<p>Of course if you're in a situation where you have to immediately share a needle then rinse the needle several times before using it. If someone asks to use your needle, insist on rinsing it before giving it to them.</p> <p>It is also a good idea to rinse your syringe before using it if you are not certain that someone else may have used your syringe when you were away.</p> <p>We don't know for certain if bleaching or rinsing syringes with water can prevent Hepatitis C transmission, because Hepatitis C is much more infectious than HIV. But without a doubt rinsing with water or bleach greatly reduces the number of viruses in the syringes.</p> <p>So, let's show you how to properly rinse your needle.</p>
<p>Demonstrate cleaning a needle.</p>	<p>The idea behind these steps is to reduce the risk of HIV transmission by flushing blood and drugs from the syringe, which reduces the number of viral particles. A common mistake is contaminating</p> <p><u>Step 1:</u> Start by pouring some water into a separate clean cap or container. Do not dip your used needle into the source of the clean water. Though you may not see it, there can still be traces of blood inside the needle which can get in the water source and contaminate it.</p> <p><u>Step 2:</u> Draw up the clean cold water fully into the needle.</p> <p><u>Step 3:</u> Shake and/or tap the needle so that you can loosen the dried blood or particles.</p> <p><u>Step 4:</u> Squirt the contaminated water onto a paper towel.</p>


**SESSION 5 COMPONENT 2(A) PRESENT NEW INFORMATION:
DEMONSTRATION OF PROPERLY CLEANING INJECTION EQUIPMENT**

PROCEDURES	SUGGESTED SCRIPTS
Demonstrate cleaning a needle.	<p><u>Step 5:</u> Repeat this up to 5 times. The more rinses the better.</p> <p>If you have bleach available, do this process with bleach in between the cold water rinses.</p> <p><u>Step 6:</u> Rinse your cooker out with clean cold water and throw the used cotton away.</p> <p>To clean your cooker you would want to rinse it with cold water until all of the residue and blood is gone.</p> <p>After you have finished using the rinse water, pour the remaining water down the drain to ensure that no one else can use it.</p> <p>We also recommend using new cotton each injection because blood and viruses can stay trapped in the cotton.</p> <p>Does anyone have any questions about how to rinse your needle?</p>

PURPOSE	Participants will learn about different levels of injection risk and options to decrease risk.
TIME	10 minutes
MATERIALS	Blank risk reduction ladder; injection risk behavior cards; velcro tape; injection ladder answer key



PROCEDURES	SUGGESTED SCRIPTS
Provide directions for the injection risk ladder activity.	As we did with the sex risk behaviors, we are going to use a ladder to show the different options for reducing injection risk behaviors. Remember, that the higher on the ladder the riskier the behavior and the ground represents not injecting. The reason why not injecting drugs is on the poster is because it is always an option. As Peer Educators it is important to make sure that even people who are in recovery know prevention information in case they relapse.
Hand out Safer Injection Behavior Cards and conduct the activity.  FACILITATOR NOTE: First have all participants read their card and place on ladder. Allow the cards to be placed incorrectly. Once all of the cards are on the ladder ask the group to comment on the order.	We are going to give you each a card with a behavior written on it. Please come up to the poster, tell the group what is on your card and then place it on the ladder where you think it belongs.
Rearrange injection behavior cards so that they are correct and summarize.  FACILITATOR NOTE: Use the Injection Risk Ladder Answer Key Handout to determine the correct order of behavior cards on the ladder [Refer SHIELD Handouts for Participants Folder].	You all did a great job working together to do this activity. Let's take a look at the different levels of risk and safer options. At the top of the ladder is injecting with someone else's unclean needle. We know that there are people who do not use other people's needles, but may give their unclean needle to someone else to use. As a Peer Educator, it's important to talk to your peers about the risks associated with doing this and the way that this could be potentially harmful to others.

**SESSION 5 COMPONENT 2(B) PRESENT NEW INFORMATION:
INJECTION RISK REDUCTION OPTIONS**

PROCEDURES	SUGGESTED SCRIPTS
<p>Rearrange injection behavior cards so that they are correct and summarize (CONTINUED).</p>	<p>Another high risk behavior is injecting drugs that were in someone else's unclean cooker. Because there could be blood in the cooker, it could mix with your drugs. As we have talked about, blood is a fluid that can transmit HIV.</p> <p>One way to reduce some of the harm of using an unclean needle is rinse out the needle with cold water (point to ladder). Cold water is better than hot water because it rinses the blood out better, hot water makes the blood stick to the syringe.</p> <p>Rinsing once will decrease your risk of HIV infection by about 10 times, but rinsing more than once will greatly decrease your risk. As we just discussed during our earlier demonstration, we recommend repeating rinses at least 5 times with clean cold water. Remember, clean cold water is effective at getting blood with HIV out of needles. Also, clean water may be easier to find than bleach and it's the most practical method.</p> <p>One of the safest options is to use a brand new needle every time you inject.</p>
<p>Summarize injection drug risk ladder activity and transition to safer drug splitting.</p> <p> FACILITATOR NOTE: Now display the Injection Risk Reduction Ladder Poster and remove injection cards from the blank ladder poster.</p>	<p>Are there any questions about this ladder or where the different behaviors are placed?</p> <p>Did anything surprise you?</p> <p>Let's move on to talk about safer options for splitting our injection drugs.</p>

**SESSION 5 COMPONENT 2(C) PRESENT NEW INFORMATION:
DEMONSTRATION OF SAFER SPLITTING SKILLS**

PURPOSE	Participants will learn steps for safer drug splitting.
TIME	10 minutes
MATERIALS	Needle; clean water; cooker; paper towels

PROCEDURES	SUGGESTED SCRIPTS
<p>Introduce drug splitting risk reduction.</p> <p> FACILITATOR NOTE: As described in the Project Manager's Guide and the introduction of the Facilitators Guide, agencies should have policies to handle clients who may be in recovery. Prior to this session, consult with this policy.</p>	<p>Most of us think about HIV risk being associated with sharing needles to inject. While many injectors have made changes and try to avoid sharing needles, many are still using uncleaned needles and cookers to split drugs for injection and may not know that there is also risk of HIV from splitting the drugs.</p>
<p>Transition to demonstration of safer splitting.</p> <p> FACILITATOR NOTE: As noted in the Project Manager's Guide, the safer splitting demonstration is optional. Facilitators should meet with the Project Manager prior to the session to decide if the demonstration will be done. If no demonstration will be done, facilitators should verbally walk participants through the Safer Splitting Steps Handout [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>We just talked about reducing our risk from injection, now let's shift to talking about safer drug splitting. Who can tell me what the safest way to split drugs is? [Answer: Splitting dry].</p> <p>Who can tell me why this is safer than splitting wet? [Answer: Because there is no needle/cooker and potential blood involved].</p> <p>Many people prefer not to split drugs dry for a variety of reasons. We are going to show you how to more safely split drugs wet if splitting dry is not an option.</p>
<p>Describe the materials you will need for safely splitting wet.</p>	<p>To safely split drugs wet you will need a brand new, never been used sterile needle, a brand new, never been used cooker, and a brand new, never been used cotton. This brand new needle will be used to divide the drugs into each individuals own cooker for them to draw up from. Think about this as if you sharing a pot of soup. The ladle is used to serve the soup and everyone has their own spoon and bowl to eat from. So to be clear, the needle and cooker is only used to divide the drugs, never to inject.</p>

**SESSION 5 COMPONENT 2(C) PRESENT NEW INFORMATION:
DEMONSTRATION OF SAFER SPLITTING SKILLS**

PROCEDURES

Describe the steps for safely splitting.



SUGGESTED SCRIPTS

To do the split, first use the brand new, never been used needle/syringe to measure out the clean water. Then, you would draw up your drug solution into the new needle and portion out into everyone's cooker. Then, put the splitting needle and cooker away so that someone does not use them to inject.

Does anyone have any questions about this?

**SESSION 5 COMPONENT 2(D) PRESENT NEW INFORMATION:
DRUG SPLITTING RISK REDUCTION OPTIONS**

PURPOSE	Participants will learn about different levels of drug splitting risk and options to reduce risk.
TIME	10 minutes
MATERIALS	Blank risk reduction ladder; drug splitting behavior cards; Velcro tape; drug splitting answer key

PROCEDURES	SUGGESTED SCRIPTS
Describe instructions for drug splitting ladder activity.	<p>So for this next activity we will be giving you cards that have different behaviors related to injection drug splitting on them and we want you to come up to the poster and place them where you think they belong based on their risk level.</p> <p>Does anyone have any questions before we begin?</p>
<p>Conduct the activity.</p> <p> FACILITATOR NOTE: First have all participants read their card and place on ladder. Allow the cards to be placed incorrectly. Once all of the cards are on the ladder ask the group to comment on the order.</p>	<p>Who would like to go first?</p>
<p>Place cards in the proper order and summarize the activity.</p> <p> FACILITATOR NOTE: Use the Drug Splitting Risk Ladder Answer Key Handout to determine the correct order of behavior cards on the ladder [Refer to the SHIELD Handouts for Participants Folder].</p>	<p>You all did a great job. Let's review the different options for safer splitting. The highest drug splitting risk behavior is splitting drugs using someone else's unclean needle. By using an unclean needle to measure out water and then drugs you are essentially rinsing any blood in the needle in with the drugs and then injecting this. If you are going to split drugs wet, a safer option is to use a needle that has been rinsed with cold water at least once and/or multiple times. An even safer option [Facilitator motion down the ladder] is to use a new/never been used needle and cooker just for the drug splitting. And an even safer option is to divide the drugs dry.</p>

**SESSION 5 COMPONENT 2(D) PRESENT NEW INFORMATION:
DRUG SPLITTING RISK REDUCTION OPTIONS**

PROCEDURES

Summarize and transition to break.


SUGGESTED SCRIPTS



We went over a lot of information this morning! As Peer Educators it is important to be able to share information about safer injection options and safer splitting options with others.



After our 10 minute break we are going to practice using our PEER Communication skills to have these conversations.




SESSION 5 COMPONENT 3 PEER EDUCATOR TRAINING ACTIVITIES & GROUP PROBLEM-SOLVING

PURPOSE	Participants will practice talking to peers about safer injection and drug splitting options using PEER Communication Skills.
TIME	20 minutes
MATERIALS	PEER Communication Skills poster; Injection Risk Reduction Ladder poster; Drug Splitting Risk Reduction Ladder poster; tape; Session 5 scenario cards

PROCEDURES	SUGGESTED SCRIPTS
<p>Review the PEER Communication skills and explain the group problem solving activity.</p> <p> FACILITATOR NOTE: Have the PEER Communication Skills Poster hanging next to the Injection Risk Reduction Ladder Poster. [Refer to Appendix 1 for poster content].</p>	<p>Welcome back from the break!</p> <p>Now that we have discussed the different options for safer injection and splitting. Let's review our PEER Communication skills.</p> <p>Who can remind us what the 4 skills are? [Choose participants from the group to say what the 4 PEER Communication skills are]</p> <p>For the next activity we are going to read you a scenario and ask you to answer some questions about how a Peer Educator can use their PEER Communication skills to help their peer be safer. Then we are going to ask for volunteers to role-play the scenario using the groups' suggestions. Does anyone have any questions before we begin?</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Group problem solving for scenario 1.</p> <p> FACILITATOR NOTE: You may tailor the scenarios to fit your specific group or you may ask your group to volunteer a scenario to problem-solve. Make sure that you use the problem-solving discussion questions to guide the discussion (e.g. have participants brainstorm safer options that they can suggest, where a good time and place for the conversation is, and what resources are appropriate).</p> <p>Pass out Session 5 Scenario #1 Cards. [Refer to the SHIELD Handouts for Participants Folder]. Have participants follow along as you read aloud.</p>	<p>Here is the first scenario:</p> <p>Henry has been trying to stay clean since he got released from jail. He tells you that he ran into old friends who threw him a welcome home party that included alcohol, heroin and marijuana. Henry is worried because he did not have any tools with him and used a friend's needle.</p> <p>Problem-solving questions:</p> <ul style="list-style-type: none"> • What did Henry do that was risky? • What options can you talk to Henry about so that he can be safer the next time? (e.g., decline the drugs, snort the drugs instead of injecting, look for a place to buy a new needle, he could rinse someone else's needle with water) [Ask the group what PEER Communication skill this question represents. Answer: Explore safer options.] • What would be some resources and referrals that we could have available for Henry? (e.g., Information about places to get clean needles)
<p>Have participants volunteer and describe the guidelines for the role-play.</p> <p> FACILITATOR NOTE: If participants are reluctant to role-play then have one facilitator play the Peer Educator for the first scenario, but insist that someone volunteer for the second scenario.</p>	<p>You all did an excellent job coming up with some suggestions for things that a Peer Educator could say and suggest to Henry. Now we would like a volunteer to role-play the Peer Educator who is going to conduct Peer Outreach to Henry. Can we get another volunteer to role-play Henry?</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Have participants volunteer and describe the guidelines for the role-play (CONTINUED).</p>	<p>Now before we get started remember that it is ok if the Peer Educator wants to pause or freeze the role-play to get additional suggestions from the group or to get their thoughts together. Just say time-out. For those of you observing the role-play, look for examples of when the Peer Educator uses their PEER Communication skills. After the role-play we will discuss how things went.</p> <p>Are there any questions?</p>
<p>Have volunteers role-play scenario.</p> <p> FACILITATOR NOTE: Pay attention to instances when the Peer Educator uses PEER Communication skills so that you can comment on this during the debriefing.</p>	
<p>Debrief the role-play.</p> <p> FACILITATOR NOTE: Include your comments during the debriefing.</p>	<p>Let's give our volunteers a round of applause!</p> <p>To debrief this role-play first we want to hear from the Peer Educator. How did it feel in this scenario doing Peer Outreach?</p> <p>Now let's hear from Henry, how did it feel when the Peer Educator was suggesting options and resources for being safer?</p> <p>Lastly, from the group, which PEER Communication skills did you see in action?</p>
<p>Summarize the scenario.</p>	<p>Excellent job everyone, remember when we conduct Peer Outreach it is really important to listen and evaluate their situation so that we can suggest options that are realistic to them.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Group problem solving for scenario 2.</p> <p> FACILITATOR NOTE: You may tailor the scenarios to fit your specific group or you may ask your group to volunteer a scenario to problem-solve. Make sure that you use the problem-solving discussion questions to guide the discussion (e.g. have participants brainstorm safer options that they can suggest, where a good time and place for the conversation is, and what resources are appropriate).</p> <p>Pass out Session 5 Scenario #2 Cards. [Refer to the SHIELD Handouts for Participants Folder]. Have participants follow along as you read aloud.</p>	<p>Here is the second scenario:</p> <p>You are at a “party” and you see some people getting ready to get high. One guy announces that he is going to be the one to split up the drugs since he paid more and pulls his needle out of his pocket.</p> <p>Problem-solving questions:</p> <ul style="list-style-type: none"> • What is going on that could be risky? • Is this the best time to talk to the group about the risk? How could you follow-up with them later? • What are some safer options that you could suggest to the group that are realistic? (e.g., split dry, use someone’s brand new needle for the split) • What are some resources and referrals that you can provide to the group?
<p>Have volunteers role-play scenario.</p> <p> FACILITATOR NOTE: If the group agrees that this is not the best time to have the conversation then role play how the Peer Educator would have a conversation later with the guy/group.</p>	<p>Now who would like to volunteer to role-play this scenario?</p>
<p>Debrief the role-play.</p> <p> FACILITATOR NOTE: Include your comments during the debriefing.</p>	<p>Let’s give our volunteers a round of applause!</p> <p>Let’s first hear from the Peer Educator. How did it feel in this scenario doing Peer Outreach?</p> <p>Now let’s hear from the guy in the group, how did it feel when the Peer Educator was suggesting safer options and resources for being safer?</p> <p>Lastly, from the group which PEER Communication skills did you see in action?</p>


PROCEDURES



Summarize and transition to homework assignment and practice.

SUGGESTED SCRIPTS

You all did a great job using your PEER Communication skills. Now we are going to tell you your homework assignment for today so that you can get some more practice and conduct Peer Outreach.

PURPOSE	Participants will be assigned homework to practice with their Homework Buddy.
TIME	10 minutes
MATERIALS	Handouts with homework assignment

PROCEDURES	SUGGESTED SCRIPTS
<p>Remind participants about the importance of doing homework as part of their Peer Educator training.</p>	<p>For your homework assignment, remember to try to do this with the same person that you did your last homework with, but if this is not possible try to find someone else who will be supportive of you in your training.</p> <p>We realize that some of your Homework Buddies may not inject drugs and therefore they may not think that this information applies to them. However, it would be defeating our purpose not to share with everyone all of the ways HIV is transmitted. This is important information to know so that they may be able to pass on the information to others who may be in that situation.</p>
<p>Review homework assignment.</p> <p> FACILITATOR NOTE: Pass out Session 5 Homework Assignment Cards [Refer to the SHIELD Handouts for Participants Folder].</p> <p>Pass out Injection Risk Ladder Answer Key Handout and the Drug Splitting Ladder Answer Key Handout [Refer to the SHIELD Handouts for Participants Folder].</p> <p>If your agency chooses to distribute safer injection kits, pass them out as you describe the homework assignment.</p>	<p>Your assignment today will be to: Share with someone new information that you learned during the discussion of the injection risk or drug splitting risk reduction ladder.</p> <p>We have copies of the safer injection ladder and safer splitting ladder to help you do your homework assignment.</p> <p>Remember to use your PEER Communication skills and start by “P” Picking the right time and place.</p>

PROCEDURES	SUGGESTED SCRIPTS
<p>Have several participants do a role-play to practice how they will do their homework.</p> <p> FACILITATOR NOTE: The purpose of this role-play is to allow participants to anticipate problems with their homework and to problem-solve with the aid of the facilitators and the group.</p> <p>Provide encouragement and suggestions to participants as they are role-playing their homework.</p>	<p>We would like to have a few volunteers role-play how they are going to do their homework. Before we do the role-play, tell us when you think you will see your Homework Buddy.</p> <p>[Directions for role-play:</p> <ul style="list-style-type: none"> • Have a participant volunteer. • Have them describe to the group who the person is that they want to do their homework with and when they think they will see/contact the person to do the homework. • Have the participant role-play with a facilitator playing their Homework Buddy how they will do their homework assignment.]
<p>Debrief and transition to the session summary.</p> <p> FACILITATOR NOTE: If time allows, have additional participants do role-plays.</p>	<p>You all did a great job practicing how you will do your homework. We look forward to hearing from you all how it went with your homework buddy.</p>

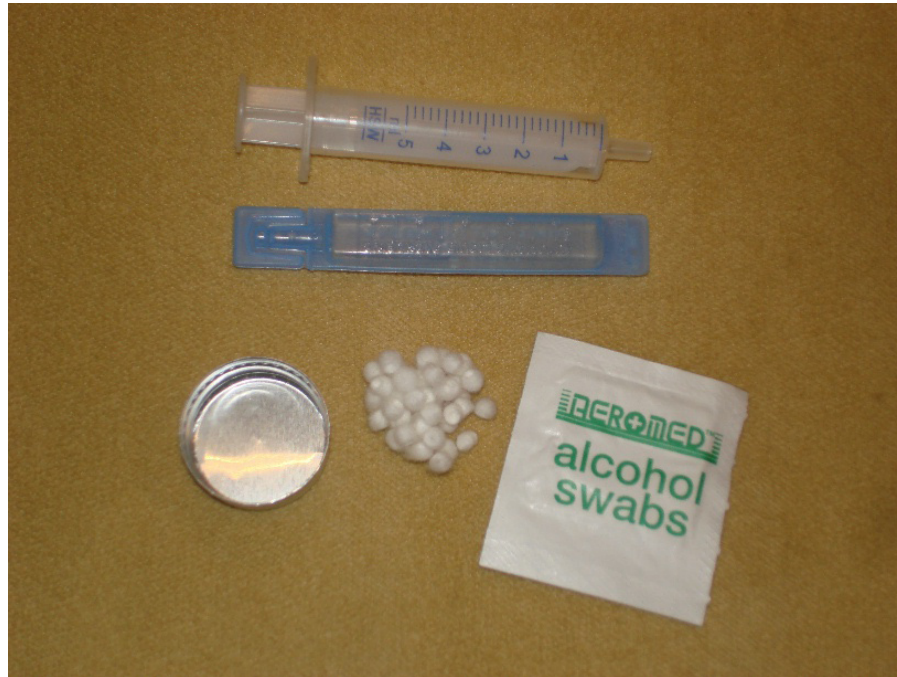
SESSION 5 COMPONENT 5 SUMMARY

PURPOSE	Participants will get a recap of the content of the session and become motivated to return to the program.
TIME	5 minutes
MATERIALS	None

PROCEDURES	SUGGESTED SCRIPTS
Summarize the lessons learned from the session.	<p>Who can tell me what we learned today as part of our Peer Educator training?</p> <p>We learned about some safer injection and drug splitting options that we can share with our peers and we practiced using our PEER Communication skills to have conversations about reducing risk.</p>
Remind participants about the date/time of next session and provide encouragement to attend.	<p>Our next session will be your graduation session and we hope to see each of you here so that we can congratulate you on completing the training. We will also be talking about how we can keep going with Peer Outreach.</p> <p>The date and time of our next session is [insert date/time]: See you then!</p>



Picture 1. Example of Safer injection Kits



Possible contents can include:

- Containers of clean water (as shown above in single use blue vial)
- Cookers
- Cotton balls
- Alcohol prep pads
- Resource cards to Needle Exchange Programs (if applicable), HIV testing centers, drug treatment centers
- Tissues or paper towels

OBJECTIVES		
To provide support and positive reinforcement for Peer Educator role		
To provide motivation for sustainability of Peer Educator Outreach		
To problem-solve barriers to sustainability for individual behavior change and Peer Educator Outreach		
To promote Booster sessions (if applicable)		
	SESSION ACTIVITIES	ESTIMATED TIME
1	Homework check-in	20 minutes
2	Skills Review	15 minutes
3	Peer Educator Training Activity: a) Goal setting for personal Peer Outreach b) Discussion about barriers to sustaining Peer Outreach c) Goal setting for personal risk reduction	a) 5 minutes b) 5 minutes c) 10 minutes
4	Graduation Ceremony	15 minutes
5	Summary	5 minutes
	Total	75 minutes
Post-session debriefing (facilitators only)		20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Snacks

HANDOUTS (See SHIELD Handouts for Participants Folder)

- Participant Sign-in Sheet
- Certificates of Completion
- Session 6 Scenario Cards

POSTERS (See Appendix I)

- Poster with Group Rules (from session 1)
- Poster with Peer Educator role definition (from session 1)
- Poster with Additional Peer Outreach examples (from session 1)
- Poster with PEER Communication skills (from session 2)
- Sex risk reduction ladder poster (from session 3)
- Poster with Homework Check-In questions (from session 3)
- Injection risk reduction ladder poster (from session 5)
- Drug splitting risk reduction ladder poster (from session 5)





Facilitator Preparation Tasks

- Meet and divide session components
- Prepare Problem-solving scenarios for the Skills Review activity
- Arrange chairs in room in a semi-circle
- Set up easel with blank newsprint where all participants can see it
 - Barriers and Solutions to Peer Educator credibility scenarios
- Have the following posters on display
 - Group Rules
 - Definition of Peer Educator
 - Examples of Peer Outreach
 - PEER Communication Skills
 - Sex Risk Reduction Ladder
 - Injection Risk Reduction Ladder
 - Drug Splitting Risk Reduction Ladder
 - Homework Check-In Questions
- Print Scenario Cards and place them in a basket, bowl or hat
- Personalize and print graduation certificates (1 per participant)

Session 6 Take-Home Points for Facilitators

- During the Peer Educator Goal Setting discussion, the aim of the discussion is to have the participants focus on the positive and rewarding aspects of being a Peer Educator so that they feel motivated to set a goal to sustain the Peer Education. As participants are sharing how they have changed as a result of their SHIELD program, gather feedback and consensus from the rest of the group as it relates to their experiences.
- There are four main points to cover to summarize the discussion about maintaining credibility: 1) It is important to practice what you preach; 2) Peer Educators are human and are not expected to be perfect; 3) It is important to admit when you make a mistake; and 4) It's ok to not know the answer.

PURPOSE	Participants will discuss their experiences with doing the homework assignment.
TIME	20 minutes
MATERIALS	Poster with homework check-in questions; tape

PROCEDURES	SUGGESTED SCRIPTS
Welcome participants to group.	Welcome to the final session of the SHIELD program.
<p>Ask the group to describe the homework assignment from the prior session.</p> <p> FACILITATOR NOTE: Session 5 homework assignment was to Share with someone new information that you learned about safer injection and drug splitting options.</p> <p>Point out to participants the Homework Check-in Questions Poster that was displayed in Session 3. [Refer to Appendix 1 for poster content]. Use these questions to guide the discussion.</p>	Let's hear how your homework assignment went.
<p>Ask the participants to share their homework experience.</p> <p> FACILITATOR NOTE: In the case where a participant was not able or did not do their homework, help them problem-solve so that they can avoid the barriers that they encountered.</p>	<p>Start by telling us who you did your homework with and what information you shared.</p> <p>[Read questions off poster]</p>

PROCEDURES

Summarize the discussion and transition to new information (CONTINUED).

SUGGESTED SCRIPTS

Today we are going to review our skills and talk about how we are going to keep doing Outreach and helping our community.

The first activity for this session is a review activity so that you can show off how much you have learned in the past 5 sessions.

PURPOSE	Participants will review their risk reduction skills learned in session 1-5.
TIME	15 minutes
MATERIALS	Posters from Sessions 1-5; tape

PROCEDURES

Explain the rules for the activity.


 **FACILITATOR NOTE:**
Make sure that all posters from previous sessions are on display.

SUGGESTED SCRIPTS

For this activity, we have a number of different scenarios in this basket for you to choose from. We need someone to volunteer to play the Peer Educator and you will pick a scenario from the basket. We will have another person volunteer to play a peer. You can use any of the posters as a reference. After the role play we will debrief. As we have done throughout this training you can take a time-out to get suggestions from the group or take a minute to think.

Does anyone have any questions about this activity? Who would like to pick first?

Conduct 2-3 role plays to review use of PEER skills and safer sex, injection and safer splitting options.

 **FACILITATOR NOTE:**
In setting up the scenario for the role-play ask the Peer Educator to comment on the appropriateness of Peer Outreach given the situation and setting.

Look for examples of the Peer Educator using PEER Communication skills.



[Scenarios to include in the basket]

- Peer Educator overhears a group of neighbors talking about someone who recently got infected with HIV. They are giving each other erroneous information about how HIV is transmitted.
- You are out at a club with a friend who starts flirting with another person. After several drinks, your friend tells you that they are leaving to go have some private time.
- Your friend is very excited because his main partner is finally going to be released from prison after 5 years.

PROCEDURES	SUGGESTED SCRIPTS
After each role-play debrief with the group.	<p>Let's give these folks a round of applause! Let's talk about how they did:</p> <ul style="list-style-type: none"> • Was the information that the Peer Educator shared accurate? • What PEER Communication skills did they use?
Acknowledge the group for their success as Peer Educators.	<p>It is amazing to watch you all in action conducting Peer Outreach using your PEER Communication skills. Give yourselves a round of applause! Next, we want to talk about what your personal goals might be for conducting Peer Outreach.</p>



SESSION 6 COMPONENT 3(A) PEER EDUCATOR TRAINING ACTIVITIES: GOAL SETTING FOR PEER OUTREACH

PURPOSE	Participants will set a goal for conducting Peer Outreach in the next month.
TIME	5 minutes
MATERIALS	Posters from Sessions 1-5; tape

PROCEDURES	SUGGESTED SCRIPTS
<p>Review Peer Educator definition.</p> <p> FACILITATOR NOTE: Point to the Peer Educator poster as you read the definition.</p>	<p>In Session 1 of this program you were told that you were going to be trained to be a Peer Educator who conducts outreach to their peers by sharing HIV risk reduction information and resources so that they can be safer.</p>
<p>Have a discussion about what being a Peer Educator means to participants.</p> <p> FACILITATOR NOTE: The aim of this discussion is to focus participants on the positive and rewarding aspects of being a Peer Educator and have individual participants reflect on their experience and successes so that they can formulate a goal for their Peer Outreach.</p>	<p>Now that you are about to graduate from this program. What have you learned by being a Peer Educator?</p> <p>How do you think being a Peer Educator has changed you and/or your peers?</p>
<p>Ask participants to describe a personal goal for conducting Peer Outreach for the next month.</p>	<p>We would like for you to take a minute to think about a goal for Peer Outreach that you would like to set for yourself for the next month. It could be that you want to finally talk to that guy that you see selling needles in your neighborhood or you want to talk with your partner about getting tested for HIV.</p> <p>When you are ready please share with us your Peer Outreach goal.</p>
<p>Summarize and transition to goal setting for personal risk reduction.</p>	<p>We are excited to hear your goals for Peer Outreach and wish you the best. Next, we want to talk about and problem-solve some of the barriers that may get in our way as we continue our Peer Outreach.</p>

**SESSION 6 COMPONENT 3(B) PEER EDUCATOR TRAINING ACTIVITIES:
BARRIERS TO SUSTAINING PEER OUTREACH**

PURPOSE	Participants will problem solve solutions to common Peer Outreach barriers.
TIME	5 minutes
MATERIALS	Posters from Sessions 1-5; blank newsprint; tape; markers

PROCEDURES	SUGGESTED SCRIPTS
<p>Ask the group to identify qualities in a Peer Educator that are important for maintaining credibility with their peers.</p> <p> FACILITATOR NOTE: Write responses on the newsprint.</p>	<p>As Peer Educators, what are some things that are important for us to keep in mind so that we can maintain our credibility with our peers?</p> <p>[Points to include if not raised by the group:</p> <ul style="list-style-type: none"> • Practicing what you preach is important. • Peer Educators are human. They are not expected to be perfect and sometimes make mistakes. • Being able to admit mistakes is important. • If you don't know the information, let the person know that you will get the correct answer and get back to them. Agency facilitators/agency contacts can serve as sources for information.]
<p>Ask the group to problem-solve situations that would challenge a Peer Educator's credibility and be a barrier to sustained Peer Outreach.</p> <p> FACILITATOR NOTE: The aim of this discussion is to allow participants to see that set backs or barriers may happen, but can be overcome.</p>	<p>Being a Peer Educator is a lot of work. We are going to read to you some scenarios and want you to work as a group and come up with some solutions for the Peer Educator in this situation.</p> <p>[Read each scenario and ask the group what they would suggest for the Peer Educator:</p> <ul style="list-style-type: none"> • The last time I did Peer Outreach, someone asked me a question that I did not know the answer to and they laughed at me and called me a name.

**SESSION 6 COMPONENT 3(B) PEER EDUCATOR TRAINING ACTIVITIES:
BARRIERS TO SUSTAINING PEER OUTREACH**


PROCEDURES	SUGGESTED SCRIPTS
<p>Ask the group to problem-solve situations that would challenge a Peer Educator's credibility and be a barrier to sustained Peer Outreach (CONTINUED).</p>	<ul style="list-style-type: none"> • I am too embarrassed to do Peer Outreach because people will think that I am still using (or have relapsed). • People from my neighborhood will always see me as a trouble maker and a drug addict so they will never listen to me. • I ran out of condoms to give out so I can't do Peer Outreach anymore.]
<p>Summarize discussion and transition to personal risk reduction goal setting.</p>	<p>As you can see from this discussion, we may have Outreach encounters that do not go as planned or get asked a question that we do not know the answer to and this may result in negative feelings about the Peer Outreach work.</p> <p>If or when this happens remind yourself of how much work you have put into being trained to be a Peer Educator and how much information you have shared with your Homework Buddy and possibly others.</p> <p>Solutions to these barriers can be as simple as telling yourself that a Peer Educator is an important person who is helping the community and seeking out supportive people.</p> <p>It is not our job to know everything, but to be able to refer people to the appropriate resources for help. Peer Educators are leaders in the community who are making a difference in stopping the HIV epidemic.</p> <p>Let's move on to talk about how we have personally been reducing our risk.</p>

**SESSION 6 COMPONENT 3(C) PEER EDUCATOR TRAINING ACTIVITIES:
GOAL SETTING FOR PERSONAL RISK REDUCTION**


PURPOSE	Participants will set a personal risk reduction goal.
TIME	10 minutes
MATERIALS	Posters from Sessions 1-5; tape

PROCEDURES	SUGGESTED SCRIPTS
<p>Ask group to reflect on where they fall on each ladder and to identify a realistic goal for the next month.</p> <p>FACILITATOR NOTE: Allow the group 2-3 minutes to reflect. Give the participants the opportunity to share their goal with the group.</p>	<p>Most of what we have been talking about in your training is how to help others be safer with their behavior. Looking at these ladders we want you to think about where your behavior is and what goals you would like to set to reduce high risk or maintain low risk behavior.</p> <p>If you would like to share you are welcome to, but this can be personal so we want to respect privacy as well.</p> <p>Does anyone want to share?</p>
<p>Ask the group to think about barriers to their personal risk reduction goal and risks to relapse.</p> <p>FACILITATOR NOTE: Allow group 2-3 minutes to reflect.</p>	<p>Now take a few minutes to think about situations or people who may get in the way of you achieving your personal risk reduction goal. How can you use your Peer Educator training to help yourself stay safe?</p> <p>If you would like to share or get your peers suggestions you are welcome, but don't feel that you have to.</p> <p>Does anyone want to share?</p>
<p>Summarize and transition to graduation ceremony.</p>	<p>So let us summarize by saying that one way that Peer Educators are leaders in the community is by working on reducing or keeping their own risk low. Good luck with your goals. Now let's move on to our graduation ceremony.</p>

PURPOSE	Participants will be acknowledged for completing the SHIELD Peer Educator Training.
TIME	15 minutes
MATERIALS	Graduation certificates

PROCEDURES	SUGGESTED SCRIPTS
<p>Congratulate the group on the tremendous accomplishment of completing the Peer Educator training.</p>	<p>We would like to commence this graduation ceremony of Peer Educators by congratulating each and every one of you for your hard work and effort! We are proud of your accomplishments.</p>
<p>Individually call participants to the front of the room to receive their certificate and allow each person say something to the group if they choose.</p> <p> FACILITATOR NOTE: Use Graduation Certificate template found in SHIELD Handouts for Participants folder.</p>	<p>As we call your name please come to the front of the room to receive your graduation certificate. If you would like to say a few words you are welcome to do so.</p>
<p>Transition to summary.</p>	<p>Give yourselves a round of applause.</p>

PURPOSE	Participants will get a recap of the content of the session and become motivated to continue Peer Outreach.
TIME	5 minutes
MATERIALS	None

PROCEDURES	SUGGESTED SCRIPTS
<p>Describe what future involvement with agency may entail.</p> <p> FACILITATOR NOTE: Be prepared to tell clients about other programs at your agency that they may be interested in taking part in.</p>	<p>While this is your last session of the SHIELD program, please remember the other programs/services that our agency has.</p>
<p>[Booster sessions are an optional component of SHIELD. If your agency plans to offer Boosters, describe them now. Otherwise, conclude the session.]</p>	<p>We also want to tell you about the SHIELD booster groups. These groups are like reunions for graduated Peer Educators and an opportunity to share with others how your Peer Outreach is going and to get help problem-solving barriers. If you are interested in the booster groups please see us.</p>
<p>Conclude the session.</p>	<p>You have completed the SHIELD training. Good luck and take care!</p>

OBJECTIVES		
To positively reinforce Peer Outreach activities		
To sustain motivation to continue Peer Outreach		
To review/refresh PEER Communication skills		
To problem-solve Peer Outreach barriers		
To provide social support for individual risk reduction		
	SESSION ACTIVITIES	ESTIMATED TIME
1	Welcome group	5 minutes
2	Peer Educator Check-in and Group Problem-solving Peer Outreach Barriers	25 minutes
3	Skills Refresher Activity	20 minutes
4	Closing	5 minutes
	Total	55 minutes
	Post-session debriefing (facilitators only)	20 minutes

MATERIALS

- Newsprint
- Easel
- Markers
- Masking tape
- Name tags
- Snacks
- Optional: Safer sex kits
- Optional: Safer injection kits

HANDOUTS

- Participant sign-in sheet

POSTERS (See Appendix I)

- Poster with Group Rules (from session 1)
- Poster with Peer Educator role definition (from session 1)
- Poster with Additional Peer Outreach examples (from session 1)
- Poster with PEER Communication skills (from session 2)
- Sex risk reduction ladder poster (from session 3)
- Injection risk reduction ladder poster (from session 5)
- Drug splitting risk reduction ladder poster (from session 5)


Facilitator Preparation Tasks

- Decide with facilitator and Project Manager which Skills-refresher activity will be done [see Booster, Component 3 for examples]
- Meet and divide session components
- Practice (“dry-run”) skills-refresher activity with co-facilitator (allow up to 30 minutes prior to session for the practice)
- Arrange chairs in room in a semi-circle
- Set up stand with blank newsprint
- Have the following posters displayed
 - Group Rules
 - Definition of Peer Educator
 - Examples of Peer Outreach
 - PEER Communication skills
 - Additional Peer Outreach examples
 - Sex Risk Reduction ladder
 - Injection risk reduction ladder
 - Drug Splitting risk reduction ladder
- Prepare safer sex and safer injection kits (if agency decides to distribute them)

Booster Session Take-Home Points for Facilitators

- The goal of this session is to give participants a chance to refresh their Peer Outreach skills and to keep them motivated to conduct Peer Outreach
- Since boosters may include participants from different SHIELD cycles, have participants introduce themselves. During the introductions make sure you individually acknowledge each participant and welcome them back to the program.
- When participants are sharing their Peer Outreach experiences, encourage participants to share both positive and negative experiences.

PURPOSE	Participants and facilitators will introduce themselves.
TIME	5 minutes
MATERIALS	Name tags; sign-in sheet

PROCEDURES	SUGGESTED SCRIPTS
<p>Once all expected participants have entered the group room, make sure that they have signed in and have been given a name tag.</p> <p> FACILITATOR NOTE: Since some Boosters may include participants from different cohorts, name tags are important.</p>	<p>Hello everyone! We will begin our group once everyone is seated. Please make sure you have a name tag.</p>
<p>Warmly welcome participants and thank them for their attendance. Acknowledge the effort that it takes to attend group and affirm their willingness to be part of the program.</p>	<p>Welcome everyone to the SHIELD Booster group. This is a special type of group because it is a chance for you to share with each other how things are going as a Peer Educator and to help each other with challenges that you may be facing. We are going to also be doing a brief activity to brush up on some skills so that we can keep doing Peer Outreach. Why don't we take a minute to go around the room to introduce ourselves.</p>
<p>Remind group about the group rules by pointing to the poster.</p> <p>.</p>	<p>Before we get started we want to remind everyone about the group rules posted on the wall. Let's keep these in mind as we are together today. Does anyone have any questions?</p>

BOOSTER COMPONENT 2 PEER EDUCATOR CHECK-IN & GROUP PROBLEM-SOLVING PEER OUTREACH BARRIERS

PURPOSE	Participants will share Peer Outreach experiences.
TIME	25 minutes
MATERIALS	Name tags; sign-in sheet

PROCEDURES	SUGGESTED SCRIPTS
<p>Using the suggested questions, ask the group to share their experiences of doing Peer Outreach since they have completed the training.</p> <p>FACILITATOR NOTE: Have the group talk about ways that they can deal with the frustrations of being a Peer Educator or with rejection and how they can seek out support to avoid burnout.</p> <p>Try to encourage a mix of stories both successes and challenges. Have the group offer the participants positive feedback and suggestions for conducting Peer Outreach and/or using PEER Communication skills.</p>	<p>We would like to talk about how Peer Outreach has been since you graduated from SHIELD.</p> <ul style="list-style-type: none"> • Has anyone had someone ask them for condoms or risk reduction materials since graduation? • Has anyone made referrals for their peers? • Does anyone want to share a story about changes you've noticed with your peer that may be a result of your Peer Outreach? • Has anyone felt burned out being a Peer Educator? • Has anyone come up with some additional strategies, besides the PEER Communication skills, that you have used as a Peer Educator? • Would anyone like some support/ suggestions from the group about Peer Outreach that has been challenging?
Summarize the discussion.	<p>Thank you all for sharing your experiences! As we could see, you all are doing some excellent Peer Outreach. Even when things don't go as we want, by using our PEER Communication skills, we are sharing information and resources with our peers so that they can be safer.</p>

PURPOSE	Participants will practice using their Peer Educator skills.
TIME	20 minutes
MATERIALS	Varies based on Skills Refresher activity chosen

PROCEDURES

Facilitator will choose a Skills Refresher activity for the group (see suggested activities).

FACILITATOR NOTE:

Try to choose an activity that addresses some of the challenges that were discussed during the Peer Educator check-in. For example, if a client describes having difficulty talking about condoms with a peer choose a role-play activity about condoms.

SUGGESTED SCRIPTS

[Suggested Activities:]

- **Myths Communication Activity:** Have a list of HIV-related myths that may be common in your community and have two participants role-play how a Peer Educator can use their PEER Communication skills to respond to someone talking about the “myth”.
- **Team Condom:** divide the groups in two and have them work together to list the proper way to put on condom and places in the community where free condoms are available.
- **Client-based problem solving scenarios:** Use one of the challenges a client was describing in the Check-in and ask the group to problem-solve and role-play solutions.
- **Taking it beyond your peers:** Ask the clients to imagine that they were invited to talk to: a) a group of kids in school; b) the Mayor; c) a group in a prison. Have them work as a group to think about what they would present and how they would present and then role-play their presentation. Make sure that they use the PEER Communication skills.
- **Curriculum-based problem solving scenarios:** Use one of the problem-solving scenarios from a previous SHIELD session.

PURPOSE	Participants will identify a goal for their Peer Outreach.
TIME	5 minutes
MATERIALS	none

PROCEDURES	SUGGESTED SCRIPTS
Acknowledge the group's participation and dedication to Peer Education.	Thank you for sharing your experience with Peer Outreach. It is great to hear that even though you have graduated from the SHIELD Intervention, you continue to be dedicated to Peer Outreach.
Ask the group to think to themselves about a small goal that they have for themselves as Peer Educators. If people want to share they are welcome.	Just like we did in the graduation session, we would like each of you to come up with a goal for yourself as a Peer Educator. The goal might be to talk to a new person or a personal goal to lower your risky behavior or maintain your own safer behaviors. Does anyone want to share their goal with the group?
Remind clients about availability of risk reduction materials (e.g. condoms) from your agency and other community venues, if applicable.	We have additional safer sex and safer injection materials to give you if you need them.
Remind participants of the programs at your agency.	Also, our agency has several programs that you may be interested in taking part in. [Describe programs]
End the session.	Thank you again and good luck with your continued Peer Outreach efforts as well as lowering your own risk!



NAME OF POSTER	SESSION AND COMPONENT WHERE POSTER IS USED	EXAMPLE OF POSTER
Group Rules	Session 1 – Component 3	<u>Group Rules</u> <ul style="list-style-type: none"> - Confidentiality - Respect - Be able to participate (manage your drug/ alcohol use) - Be honest - You have the right to not participate - Cell phones on vibrate or off - Be on time - No violence
Peer Educator Definition	Session 1 – Component 4	<u>SHIELD Peer Educator Definition</u> SHIELD Peer Educators conduct outreach to their peers by sharing HIV risk reduction information and resources so that they can be safer.
Additional Examples of Peer Outreach	Session 1 – Component 5	<u>Additional Examples of Peer Outreach</u> <ul style="list-style-type: none"> - Talking with others about reducing risk - Talking with others about getting tested for HIV - Distributing condoms and lubricants - Distributing HIV Prevention literature - Sharing information about Needle Exchange programs or HIV testing programs - Showing others how to clean injection equipment - Providing referral information for HIV testing, health centers, etc.
Homework Check-in Questions	Sessions 2-6 - Component 1	<u>Homework Check-In Questions</u> <ul style="list-style-type: none"> - When and where did you do your homework? - How did you start the conversation? - What information did you share? - What questions did they have? How did you answer them? - Which PEER Communication skills did you use?
PEER Communication Skills	Session 2 - Component 2	<u>PEER Communication Skills</u> <ul style="list-style-type: none"> P - Pick the right place and time E - Evaluate their situation E - Explore safer options R - Resources and referrals



NAME OF POSTER	SESSION AND COMPONENT WHERE POSTER IS USED	EXAMPLE OF POSTER		
Body Fluids Poster	Session 2 – Component 3	Blood	Sweat	Semen
		Urine	Tears	Vaginal secretions
		Saliva	Breast milk	Feces
Lubricants Poster	Session 2 – Component 3	LUBRICANTS OK TO USE WITH LATEX CONDOMS		LUBRICANTS NOT OK TO USE WITH LATEX CONDOMS
Blank Risk Reduction Ladder	Session 3 - Component 3 Session 5 - Component 3	Poster provided in SHIELD package		
Sex Risk Reduction Ladder	Session 3 – Component 3	Poster provided in SHIELD package		
Injection Risk Reduction Ladder	Session 5 – Component 3	Poster provided in SHIELD package		
Drug Splitting Ladder	Session 5 – Component 3	Poster provided in SHIELD package		



APPENDIX II: SHIELD HOMEWORK ASSIGNMENT GOALS

SESSION	HOMEWORK ASSIGNMENT	AIM OF ASSIGNMENT
1	Tell your Homework Buddy that you are being trained in the SHIELD program to be a Peer Educator and ask them if they are willing to be your “Homework Buddy” for the next 5 sessions.	To solicit participation and support of someone who will be available for the Peer Educator to practice their skills with throughout the program.
2	Share with your Homework Buddy the new information that you learned during the HIV review game.	To have the Peer Educator practice using PEER Communication skills to talk about general HIV information.
3	Share with your Homework Buddy the new information that you learned during discussion of the sex risk reduction ladder.	To have the Peer Educator practice using PEER Communication skills to talk about safer options for sex.
4	Share with your Homework Buddy the new information about different condoms and how to properly use condoms (male or female).	To have the Peer Educator practice using PEER Communication skills to talk about condom use.
5	Share with your Homework Buddy the new information that you learned during discussion of the injection risk or drug splitting risk reduction ladder.	To have the Peer Educator practice using PEER Communication skills to talk about safer injection and drug splitting options.

With each homework assignment, facilitators may tailor the specific assignment but should design homework to achieve each stated aim.



Facilitator Debriefing Questions

At the end of each session, the facilitators should debrief with the Project Manager to discuss the progress of the sessions and any participant concerns.

The following questions are guidelines for the debriefing session:

- Were there any issues or questions regarding the SHIELD curriculum or Core Elements that should be addressed?
- Were any intervention materials or instructions problematic? If yes, how was the problem dealt with?
- Were there any questions asked that you were unsure of or needed to seek additional information?
- Were there any specific issues with any participants that should be noted? (Examples: needs of clients that are not being addressed in the intervention, reports of positive experiences with the intervention, reports of adverse events, etc)?
- Were there any specific situations or issues that were illustrative of being a **Peer Educator**, using **PEER** communication techniques, or conducting Peer Outreach that could be included anonymously in future intervention sessions?
- Were there any issues with level of comfort working with this specific SHIELD Group or a specific individual in the SHIELD Group?

Facilitator Summary Guidelines

After each set of intervention sessions, facilitators should prepare a brief summary of the participants and sessions.

The following questions are guidelines for facilitator summaries:

1. Provide a brief overall description of the SHIELD Group (i.e., size, gender, age, personality, etc.).
2. Were there any problems or challenges that facilitators were faced with during any of the intervention sessions?
 - How was the problem/challenge dealt with?
3. How did the participants react to the PEER Communication skills?
4. What were the accomplishments of this SHIELD Group?
5. Additional comments about this SHIELD Group.



Supervisor Rating Form

The following form should be completed by the facilitator supervisor (i.e., Project Manager) after each session that is observed.

Supervisor/Rater:	Facilitators:
Session # (i.e., 1-6)	SHIELD Group#:
Date of Session:	Date of Review:

Instructions: For each of the following content areas, please rate the facilitator's skills. Provide explanation for the rating.

Rating Choices: 0 = Poor 1 = Adequate 2=Good

Domain	Content	Rating	Explanation
Delivery of the session	Conducted all activities (e.g., adhered to SHIELD manual)		
	Ensured accuracy of information discussed		
	Effective Time Management		
Overall facilitator skills	Neutral/Non-Judgemental Delivery		
	Maintained focus on group activity		
	Listened and integrated participant comments with group activity		
	Attempted to include all participants in discussion		

Additional Comments/suggestions:

General Facilitation Skills

The purpose of the General Facilitation Skills appendix is to:

- 1) Provide a general overview of the facilitator and co-facilitator role in delivering the SHIELD intervention;
- 2) Describe specific facilitator techniques for the SHIELD group sessions; and
- 3) Provide some specific suggestions of training exercises to prepare SHIELD facilitators.

SHIELD is an intervention that is designed to be delivered by two facilitators. There are a number of advantages to co-facilitation of an intervention including:

- Complimentary styles - each person brings their own style. Together facilitators can monitor & foster participation better than either could do alone.
- Dealing with intense emotions - when a group member shares emotionally charged experiences it is always helpful to have one facilitator be able to support that individual while the other facilitator monitors the rest of the group members' reactions.
- Feedback and check-ins - when facilitators work together they can provide each other important feedback regarding their facilitation skills. They can also check-in with each other when events occur in the group that were difficult or that evoked personal feelings from facilitators.
- Shared leadership - participants can become very demanding or argumentative with facilitators. Co-facilitation allows for a sharing of this role and often diffuses these types of problems.
- Pacing - this intervention demands close attention to pacing & time management. Co-facilitating assists each facilitator to pace himself more effectively since facilitators can alternate the role of intervener and observer.

Active supervision is recommended to the co-facilitators. This allows the facilitators to process the group sessions and facilitation issues that may arise such as:

- Non-complimentary or opposing styles - individuals with extremely different styles may be splitting the group rather than helping. It is important to be sensitive to the potential problems such differences could bring.
- Threat & competition - some participants may view co-facilitators as more of a threat since they may see you as colluding with each other. There will be a fine line between modeling a good relationship and not appearing "clique-ish." Co-facilitators can also become competitive with each other, and may work too hard to be the most popular rather than focusing on the goals of the small group.
- Shared blind spots - co-facilitators may have similar "blind spots" and could reinforce each other's failure to attend to particular areas.
- Different rhythms - co-facilitators can have different rhythms. The facilitator who is slower to react or prefers to wait for participants to take some initiative may find obtrusive the partner who intervenes sooner.

Facilitator debriefings (Appendix I) and Supervisor observations (Appendix III) are recommended so that these issues can be identified and addressed.



Overview of the role of the facilitator

The primary role of the facilitators is to deliver the SHIELD curriculum with fidelity to the Core Elements to achieve the two aims of the intervention: 1) to train individuals to be Peer Educators who will conduct outreach to their peers and 2) to reduce Peer Educators HIV risk behaviors.

Specifically, facilitators are responsible for:

- Creating a safe and comfortable small group setting that will allow participants to share experiences and learn from each other.
- Conducting training activities that focus on Peer Outreach Communication skills and injection risk reduction and sex risk reduction techniques.
- Role-modeling communication, injection risk reduction and sex risk reduction techniques.
- Providing motivation to individuals throughout the training to engage in the training and providing support to individuals to sustain behavior change.

Delivering the intervention with fidelity means that the facilitators adhere to the sequence of the intervention sessions and activities. Suggested scripts are provided in the intervention curriculum. Facilitators are encouraged to “personalize” these scripts so that the delivery of the activities are natural.

Creating a safe small group setting:

HIV and injection drug use remain sensitive, and oftentimes stigmatized topics in many communities. Therefore, a safe environment is essential so that people feel comfortable sharing their experiences and seeking peer suggestions and support. Ways of creating a safe environment include reinforcing confidentiality, allowing differences of opinions and differences in reactions, and being non-judgmental with the participants. The facilitators should monitor the group so that everyone has a chance to participate to ensure that all participants have the opportunity to express themselves.

The facilitator must also pay close attention to the feelings and needs of the participants, which may be expressed verbally or non-verbally. Often the facilitator will need to comment on, or re-frame, what the participant is expressing, to bring it into the context of the exercise or the theme of the activity. For example, if a participant starts complaining about how difficult it is to get into drug treatment during an exercise of discussion about safer splitting, the facilitator might say the following: “It can be challenging to get into drug treatment. We can talk about some options and resources during the end of your visit. However, even if you are trying to get clean, sometimes we slip and we want to make sure that you are safe if a relapse occurs.”

Verbal Communication Techniques

There are a variety of different verbal communication techniques that facilitators can use to create a safe environment and to facilitate open and honest discussion.

Open ended vs. closed ended questions: Facilitators should try to use open-ended questions more frequently than closed ended questions. Open ended questions give people the opportunity to think broadly and provide facilitators with more meaningful discussion within the group. Closed ended questions elicit shorter responses that focus on very specific information. For example:

Open ended		Close ended	
• How does that make you feel?	vs.	Do you feel sad?	
• What was that like for you?	vs.	Did you like that experience?	
• What was your experience?	vs.	When did you do that?	

Probes: Probes are simple responses and statements a facilitator can make which provide clarification and elaboration. For example, saying “yes” or “I see” lets the person know you are listening and encourages elaboration. Phrases like, “Can you explain your idea further?” or “What does that mean to you?” help to clarify what the participant means and why it is important to him.

Reflecting: Reflecting is when the facilitator states, in his own words, what he has heard the participant say. This lets the participant know that you have the ability to see the world as he sees it. This validates the experience, which fosters feelings of safety and genuineness.

Responding: Responding to feelings that have been expressed helps to deepen the discussion. Validating feelings helps the participant move on to find a thoughtful solution. As with many of these techniques, it validates and encourages others to do the same and fosters feelings of safety within the group. For example, “That must be difficult” or “That sounds wonderful, thank you for sharing that with me.”

Summarize: Summarizing what participants say can help them stay focused and reinforce the point.

Questions and Comments for the Facilitators

The following are examples of questions and comments that can be used during a group to encourage discussion or exploration of an issue.

- What just happened?
- What did you experience during the discussion?
- Anyone else have that same experience?
- Who had a different reaction?
- Any surprises/new information?
- What did you see happening or observe?
- What is happening in the group right now?
- What do you need to know to move on?
- Can you say that in another way?
- Would you be willing to try...
- Could you be more specific?
- Could you say a little more about that?
- How is that important to you?
- What are your concerns?



Non-verbal Communication Techniques

Non-verbal communication is important in intervention sessions. Much can be said without words. It is the facilitator's responsibility to pay attention to non-verbal cues from participants (and their own). Below are some common non-verbal types of communication that may influence the group.

Acceptance: Facilitators can make a statement of acceptance and encouragement non-verbally by keeping eye contact, and nodding their heads when a participant is speaking.

Openness: Openness can be demonstrated by open hands, moving closer, and sitting at the edge of your chair.

Evaluation: A tilted head, hand to cheek, leaning forward, or stroking chin could indicate someone who is evaluating the situation and may be skeptical.

Indifference: Participants who slouch, offer little eye contact, or have a blind unfocused glance may be feeling indifferent about the topic.

Rejection: Arms and legs crossed, body withdrawn, and a sideways glance, may indicate someone who is rejecting of the experience at that moment.

Frustration: Frustration is often voiced but the non-verbal cues may be a clenched fist, rubbing the nape of one's neck, or running hands through one's hair.

Nervousness: Darting eyes, lips twitching, mouth slightly open, circular foot movement, tapping fingers, and playing with objects are all behaviors consistent with someone who is nervous.

Defensiveness: Rigid body, tightly crossed arms and legs, little or no eye contact, and pursed lips may indicate a defensive stance.

Confidence: Proud, erect body stance, continued eye contact, steeping of hands, hands folded behind head, chin up, small inward smile reflect a person who is confident and most likely comfortable in the group.

Communication Approaches To Avoid

Why: Avoid using words like “why” because it will likely put the participant on the defensive, and can lead to yes/no responses. Try using questions that begin with “what” or “how” instead.

Arguing and blaming: Blaming statements such as “You really should have done something quite different.” puts participant on the defensive and creates anxiety for other group members.

Judging: If a group participant feels judged by the facilitator, he and other group members will likely withdraw from the group sessions. In addition, some participants may likely drop out of the intervention program.

Moralizing: Statements such as, “How could you?” or expressions of shock can often send a message of morality that is not appropriate for this intervention.

Advising: Although advising participants can be tempting, it is not advisable. For example, “What I would do is” or “it would be best for you to ...”. Advising prevents participants from being empowered to make their own decisions.

Labeling: You don’t want to label participants in this program. Instead; facilitators should support participants to make healthy choices for themselves. If participants feel labeled or shamed, it will likely shut them down. Avoid statements like. “You’re angry”; “You’re feeling emotional....” “You need....” Examples of labels that SHIELD participants may “bring” into the group session are “junkie” and “addict”.

Conducting training activities that focus on Peer Outreach Communication skills and injection risk reduction and sex risk reduction techniques: It is very important for co-facilitators to plan and coordinate all exercises in each session ahead of time. They need to be familiar and comfortable with all parts of the session including the instructions for conducting each activity and a plan who will assume leadership for each exercise. Coordination between co-facilitators is the key to smooth interactions.

Specifically, facilitators are expected to:

- Meet with supervisors to discuss the content and intent of each session.
- “Walk-through” each session and activities using all posters and props.

Role modeling Communication, injection risk reduction and sex risk reduction techniques:

In addition to facilitating open and structured discussions, facilitators also function as role models. As a role model, the facilitator should utilize the communication techniques and interact with group participants as though they were a **Peer Educator**.

Facilitators may describe personal experiences as a way to illustrate a point or provide an example of how **PEER** Communication skills can be used with peers. It is important for facilitators to remain focused on their role as professionals who are delivering the intervention so that the focus of the group remains on the skills training.



Providing motivation to individuals throughout the training to engage in the training and providing support to individuals to sustain behavior change:

Facilitators are expected to be aware of each individual's progress and changes as they move through the sessions. Making comments that highlight improvements and successes or making supportive statements can be very influential to a participant's experience in SHIELD. For example, "you have really made progress in evaluating your peer's situation! I remember when you used to be so nervous to talk to them and now look at you!".

Dealing with Challenging Participants

Facilitators of the SHIELD intervention can expect to encounter difficult or challenging participants from time to time. While we cannot realistically anticipate the variety of challenges which may arise, our experience in delivering the intervention does allow us to predict several common types of difficulties and offer some suggestions for overcoming them.

In general, if a problem comes up once it will likely come up again in a different group. For this reason, regular meetings with supervisors where group facilitation issues are discussed are an important part of delivering the SHIELD intervention. It is also usually best to address a problem when it first appears, rather than ignore it and hope it will go away. Group members often try to test the boundaries of group rules; facilitators will have an easier time if they enforce the rules firmly but with humor and good nature.

Dealing with a disruptive participant can be challenging for one facilitator. The agency may wish to discuss and establish procedures for having a Project Manager or back-up facilitator come to the room so that the primary facilitator can address the disruptive participant in a private setting outside of the group. If there is only one facilitator, he or she still may choose to step outside the room with the participant to discuss the situation in private. Trying to handle it in front of the group often escalates the situation and may cause embarrassment to the participant, which often only makes things worse.

Participants who are intoxicated or high during sessions

Since the SHIELD intervention targets current and former drug users, one of the most common problems is participants who come to sessions after using drugs. This can create problems in several ways; the participant maybe too intoxicated to effectively take part in the group; the intoxicated participant may be disruptive to the activities of the group and the other group members may find the presence of an intoxicated participant disturbing or irritating. It is important to establish a clear expectation about drug use while formulating group rules. We have found that emphasizing the importance of managing drug use so one is able to participate is an effective way to address this issue.

If a participant is nodding out or otherwise appears to be excessively intoxicated, a facilitator should take a moment to talk quietly (or privately, if possible) with the individual and suggest that he or she might like to get a cup of coffee, wash their face, walk around or otherwise seek to freshen up a bit. In general, this will be successful. If not, it is up to the discretion of the facilitator as to whether the participant should be asked to leave or not. If their presence is not causing problems, it is often best to allow them to stay as it is possible they will return to a more normal level of consciousness in short order.

Sometimes intoxicated participants are actively disruptive to group process. This is particularly true if alcohol is involved. In these cases, it is best to ask the participant to settle down and perhaps to step outside for a few moments. The facilitator may want to warn the person that continued disruptive behavior will result in their being asked to leave the session.



Participants who are not using drugs, particularly those who are relatively new to recovery, may find the mere presence of an obviously intoxicated participant disturbing. If the offended participant brings it to the attention of the facilitator privately, the facilitator can handle the issue privately with the participant. If it is brought up publicly in the group, then the facilitator will need to say something with all group members present. Exactly what to say and how to address the issue will depend upon the exact nature of the group, group rules around drug use and the particular individuals involved. In general, it is best if facilitators reflect the concern of the offended individual, but also reiterate that group members are all at different places regarding drug use and that we need to allow people to be part of the group even if they are still using. Often the theme of mutual respect is a good way of bridging the gap; the participant who is excessively high is not respecting the group, but others need to respect participants who are using.

Participants with mental health or cognitive problems

Mental health problems are very common among drug users. Participants with mental health problems such as depression, anxiety disorders, schizophrenia or bipolar disorder can be disruptive or challenging in a group setting. The role of the facilitator is not to diagnose the participant, but rather to assess whether there are referrals to mental health programs that may be beneficial to the participant. Facilitators should be vigilant in cases where a participant may express intent to harm themselves or others. The facilitator should notify their supervisor and follow agency protocols.

Participants with cognitive problems (that may or may not be related to mental health problems) can be challenging. They sometimes ask seemingly endless questions or become excessively focused on trivial aspects of an issue or take the discussion into irrelevant areas. It is important that facilitators seek a balance between taking care of the person with the issue and making sure the group is still useful for other participants. One strategy is to tell the participant that their question can be discussed more fully after the end of the session but that in the interest of covering all the material in that session it is necessary to move on. If the problem is ongoing, facilitators may want to discuss it with their supervisors and decide if the person should continue to participate or not. In addition, the facilitator and supervisor may identify referrals for these participants.

Participants who question facilitator's expertise and experience

Some participants will challenge the facilitators directly in regards to their general expertise and experience, on the accuracy of a particular point or fact or on the philosophy which underlies the program. In cases where the issue is the personal history of the facilitator it is generally best to avoid the confrontation by redirecting the attention of the group to the larger issue at hand ("This group really isn't about me. What we are discussing is..."). When challenged on the accuracy of a particular point, facilitators should remain firm. It may be possible to acknowledge that the participant is reflecting a common myth or misconception. However, if a facilitator is not certain of the fact they should say so clearly and state they will check and get back to the group at the next session. In this way, facilitators model good Peer Educators.

Participants who have an "all or nothing" outlook

Some participants may take issue with the idea that abstinence is not the only way to respond to the health risks of drug use. Even participants who are actively using drugs will sometimes raise this issue. Rather than defending the SHIELD approach, facilitators may choose to use the occasion to allow a general discussion of the benefits of exploring options for risk reduction. Facilitators can also remind participants that options for reducing risk always include the possibility of cessation of drug use.



Participants who “don’t get it”

Sometimes participants have a difficult time understanding different aspects of the intervention such as what the role of the Peer Educator is, how to properly use the communication techniques to positively influence their social network, or how to conduct Peer Outreach. One technique that may be helpful is to allow those participants who do understand to try to explain the concept or information to the rest of the group. Not only does this allow participants to learn from each other but it also provides facilitators with a great example of Peer Outreach in action. Facilitators should continue to provide support to those participants who are having difficulty and may opt to spend some time individually with them before or after a session.

Self-Care for Facilitators

Facilitating is a rewarding experience. However, there will be times when you face a particularly difficult situation or participant or you may just have a bad day. When this happens you need to find a way to take care of yourself.

Self Care for Facilitators during the Intervention Sessions

Some things you can do to get yourself back on track during a session are:

1. Take a deep Breath and tell yourself that it is ok to slow down so that you can focus.
2. Check your feelings. Own what you are feeling, pretending feelings aren't there only makes it worse.
3. Rely on your co-facilitator to step in and allow you a moment to collect your thoughts.
4. Say only positive things about yourself to yourself.
5. Say something positive to the other person.

Self Care for Facilitators after the Intervention Sessions

After a difficult group session, facilitators should debrief with the Project Manager. In addition, we encourage facilitators to discuss difficulties they may be having at weekly supervision meetings. Bringing sensitive issues to this meeting will be helpful to learn from these experiences. Make sure to recognize your own prejudices, personal hot buttons and judgments and keep them in check so that you can stay focused on the group process.

Suggested Activities for Facilitator Training

The following section describes several activities that an agency may consider doing in order to prepare for the intervention sessions. These activities should involve any staff who will be facilitating the intervention as well as their supervisors.

General Facilitation Skills

- 1) Discussion of benefits of experiential and didactic approaches (includes practicing each)
- 2) Dealing with disruptive individuals



Discussion of benefits of experiential and didactic approaches

Trainer(s) should make the connection between the goal of SHIELD, to stimulate discussion of risks, and the teaching modality to be employed by facilitators. Ideally, trainers would present a set of information (for example, the health risks of cigarette smoking) in a didactic manner and then invite the facilitator(s) to present the same information in a participatory way. This can be challenging if the training involves only one trainer and one facilitator. In any case, the idea is once again that we are attempting to stimulate discussion and incorporation of behavior changes by participants. People are more likely to change behavior if they arrive at conclusions themselves rather than being told what to do by others. Facilitators should model good peer education practices in the intervention sessions. However, there are times when it is essential that facilitators present information didactically to avoid confusion and the dissemination of misinformation.

Dealing with disruptive individuals

In the previous section, we discussed common types of challenging participants. As training exercises, facilitators should role-play interactions with mock participants pretending to be each type of challenging participant.

SHIELD Intervention specific facilitation skills

- 1) Overview of the intervention and discussion of the goals of the project
- 2) Discussion of risk reduction options and abstinence: how to encourage both simultaneously
- 3) Session review including discussion of the underlying purpose of each section
- 4) Practice all sessions with model participants and feedback (as time/staff allows)
- 5) Practice homework check in with model participants
- 6) Practice Risk ladder activity
- 7) Practice condom demonstrations

Overview of the intervention and discussion of the goals of the project and the role of facilitator

Trainer(s) should present an overview of the goals of SHIELD and describe how the intervention is structured including a general review of the sessions and a brief description of peer education. Particular emphasis should be placed on the idea that the project is aimed at encouraging increased discussion of risks and risk reduction options amongst current and former drug users. There is a temptation for new facilitators to view their role as to inform drug users about risks involved with drug use and sex. However, most drug users are aware of these risks. The goal of SHIELD is to stimulate discussion of these risks, help participants develop realistic strategies to reduce them and provide them with communication tools to help their peers develop strategies that work in their lives. Trainers should encourage discussion of these ideas as much as possible.



Discussion of risk reduction options and abstinence: how to encourage both simultaneously

Discuss facilitators' beliefs regarding the appropriateness of developing risk reduction plans as a response to drug use. Some facilitators may be uncomfortable with an approach that does not emphasize abstinence as the only response to the problems of drug use. **Abstinence should be presented as a risk reduction option which eliminates risk completely, but which is not always possible for individual users to achieve.** At the same time, many drug users desire to stop using drugs. Examining risk reduction options is not meant to discourage individual users from seeking treatment or otherwise stopping drug use. Facilitators need to frame discussion of risk reduction options in such a way that abstinence is included as one of these options.

Following this discussion, facilitators practice the risk ladders for sex and drug risk. Trainers ask facilitators to generate risk reduction plans based on common risks. For example, trainers can ask what risk reduction options are available for a person who shares syringes with his wife and cousin.

Session review including discussion of the underlying purpose of each section

Trainer(s) should review each session section by section with facilitator(s). Facilitators should have read through the manual before this training, and should be asked to identify and explain in their own words the intent of each session and each component exercise as they relate to the core elements. Trainer(s) should explain that although the intervention is scripted, facilitators are not expected to adhere to the script exactly. In addition, since the intervention is meant to be interactive, it is not possible to know how participants will react to a given exercise or what questions and comments they will present to facilitators. Thus, it is important that facilitators understand the intent of each exercise so that they can be certain to make that intent clear to participants even if they are not able to present the material exactly as it is scripted.

Practice all sessions with model participants and receive feedback

Ideally, facilitators should perform practice sessions with a small group of staff who play the role of participants. Trainer(s) can assign roles to individual staff members based on expected characteristics of participants in the project. After each session, facilitators, participants and trainers offer feedback and evaluation focused on co-facilitation skills, delivery styles, timing, etc. If sufficient staff members are not available, facilitator(s) should read through the curriculum out loud.

Practice homework check-in with model participants

Each session after the first begins by hearing from participants about their homework. It is important that each participant be offered the chance to share and that feedback come not only from the facilitators, but also from other participants. Again, ideally this would be part of the practice sessions. If these are not held, trainers can offer expected scenarios (e.g. participant did not do homework; participant reports network rejected the idea of making suggested changes in risk behavior etc.) and facilitator(s) can role play with trainer(s) based on these scenarios.

Practice Risk ladder activity

Each facilitator should know the procedures for distributing the behavior cards for each Risk ladder, re-arranging the behavior cards in the proper order and explaining the reasons for the placement of each card.

Facilitators should practice this activity using the suggested scripts and familiarize themselves with the proper placement of each behavior card.

Practice condom demonstrations

Each facilitator should be able to demonstrate the proper use of male and female condoms. Facilitators should practice teaching the steps for proper condom use for both male and female condoms.



HIV & INJECTION DRUG USE 101

The Basics of HIV**Definition of HIV**

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. It does this by attacking the body's immune system, which is that system of the body that fights off infections, viruses, and other harmful materials.

Definition of AIDS

AIDS stands for Acquired ImmunoDeficiency Syndrome. AIDS leads to a severe weakening of the immune system. Doctors diagnose AIDS using two criteria: 1) by the level of good “fighter” cells, called CD4 cells, working for the body's immune system or 2) by the occurrence of opportunistic infections (OI). OIs are infections that occur in the body as a result of a weakened immune system. Some common OIs among HIV-positive individuals include Candidiasis (also called Thrush), Cytomegalovirus (CMV), Herpes simplex viruses, and Pneumocystic pneumonia (PCP). If CD4 cell counts fall below a certain level (i.e., 200); then a patient may also be diagnosed with AIDS. People who have HIV can progress to having AIDS, if they are left untreated. However, if someone who has HIV is on treatment, he or she can live many years without developing AIDS.

Each year, approximately 40,000 new cases of AIDS are diagnosed (1). As of today, about 1 million people in America are living with HIV/AIDS. It is estimated that one quarter of those people do not know their status (1).

Transmission and Spread of HIV**Body fluids that can transmit HIV**

HIV is spread through the following fluids:

- blood
- semen
- vaginal secretions, and
- breast milk.

HIV is **not** spread through the following body fluids:

- tears
- urine
- feces
- saliva, and
- sweat.

Sex and HIV transmission

HIV can be spread through anal, vaginal and oral sex. Anal sex is defined as putting a man's penis into an anus (i.e. butt). Vaginal sex is defined as a man's penis penetrating a female's vagina. Oral sex is defined as one person's mouth on another person's vagina, penis, or anus. HIV can be transmitted through male with female sex, female with male sex, male with male sex, and female with female sex.



Drug use and HIV transmission

HIV can be spread through sharing needles, cookers, cottons, rinse water or other “works” used for injection and drug preparation. Blood can present in needles and tools used to prepare and inject drugs. Thus, by sharing injection equipment, blood with the virus in it can be passed from an infected person to a noninfected person.

HIV positive drug users who do not inject drugs can also transmit HIV. People who snort or smoke drugs often get sores or cuts on their mouth or inside their nose. These sores and cuts may remain open, exposing blood, and therefore facilitating the spread of HIV. This is why drug users who smoke are encouraged to know the risks of sharing pipes for smoking or straws for snorting. Sharing these items can increase peoples’ chances of spreading or getting infected with HIV.

Maternal/child transmission

Pregnant women who have HIV can transmit the virus to their child during pregnancy, delivery, or through breastfeeding. Pregnant women are encouraged to get tested early in their pregnancy so that if they are positive they can get the right treatment to prevent transmission of HIV to their child. With proper treatment and proper care, women who are HIV positive can still have healthy babies.

Blood transfusion and accidental exposure

When HIV/AIDS was first discovered, people got infected through blood transfusion and surgical procedures. Today, blood transfusion and surgery are safe because the blood supply gets screened for HIV/AIDS. Health care workers take “universal precautions” to prevent the spread of HIV in hospital settings. Universal precautions are “a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens (2).”

For information on HIV prevention, visit:

www.cdc.gov/hiv/resources/factsheets/index.htm#prevention

Testing for HIV**Fluids That Can Be Tested for HIV antibodies (the body cells that respond to infection)**

The fluids that can be tested for HIV antibodies are

- blood,
- urine,
- and oral mucosal transudate which comes from the lining of your mouth.

NOTE: These are different from the fluids that can transmit HIV.

Antibodies

When a person is infected with HIV, their body makes special cells to fight off the infection. These cells are called antibodies. When someone gets tested for HIV, they are getting tested to see if there are HIV antibodies in their system. If that person has the antibodies, that means they were infected with the virus and have produced HIV antibodies in response to it (HIV positive). If the test is negative to antibodies, then that means that no antibodies were detected. This does not necessarily mean that the individual is not infected. It can take 3-6 months AFTER infection with HIV for antibodies to show up on the test. This time period is called the window period.



Window period

It takes three to six months for antibodies to show up in someone's body after being exposed to the HIV virus. Thus, if a person has become infected with HIV, their body may not produce antibodies until 3 – 6 months after exposure. This means, for example, that if someone had unprotected sex or shared a needle with an HIV positive person, he would need to wait 3 to 6 months for antibodies to show up on the test to find out whether he has the virus or not.

EIA and western blot

When someone gives a specimen for an HIV test, the specimen (blood, oral mucosal transidate etc) goes through a process called the EIA test. EIA stands for Enzyme ImmunoAssay. Clinicians can test blood, urine, and the lining of your mouth (oral mucosal transidate) for HIV antibodies using the EIA test. If the EIA test shows up positive, a confirmatory test called the Western blot is done. If the Western Blot is also positive, then the person has been infected with HIV. This is the same testing process that has been used since 1986.

Rapid results test

A new test called the rapid results test is also available. This test is an EIA test where the results are able to be read in about 20 minutes. The rapid results test is as accurate as a traditional EIA that is sent to a lab. If the rapid results test comes up preliminary positive, a confirmatory Western blot test is done to confirm whether the person has HIV. Clinicians can test blood and oral mucosal transidate for HIV antibodies using the rapid results test. Even though you are able to get the results in about 20 minutes, the same 3 to 6 month window period applies to the rapid results test.

**Guidelines for testing**

Getting tested for HIV regularly is an important way to take care of one's health. For some people, getting tested regularly means getting tested every 3 – 6 months, if they practice risky behaviors. For other people, getting tested once a year when they go in for their yearly doctor check-up is sufficient. Some people get tested if they are having sex with a new partner.

People also need to know where to go to get tested in their own communities. To find out where to go, visit the following website:

<http://www.hivtest.org/>

Getting an HIV test is the first step in the testing process. The second critical step is going back to get the results. Many places will not seek out individuals to give them their test results, so it is up to the person who got the test to get their results.

People who have sex or use drugs are encouraged to get tested regularly for HIV and sexually transmitted diseases (STDs).

Many local agencies offer free HIV and STD testing and it is important to know where these free services are. Also, people are encouraged to get tested for all STDs and not just HIV.



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Safer Sex

HIV sex risk ladder

The SHIELD sessions presents many risk reduction options. One tool that is used is called a Risk Reduction Ladder (see right). There are various levels to reduce one's risk of getting HIV if they have sex. These levels, or options, are set up like a ladder. The top of the ladder represents the riskiest behaviors. Behaviors in the middle part of the ladder have moderate levels of risk. The bottom of the ladder is the lowest risk. The main point of the ladder is that there are different options to reduce someone's risk of getting HIV. These options are as follows (from highest risk to lowest risk):

- Anal sex without a condom
- Vaginal sex without a condom
- Vaginal or anal sex with a condom
- Oral sex without a condom or barrier
- Oral sex with a condom or barrier
- Touching partner's genitals with hands
- Abstinence

The above options will be discussed first and then a discussion of condoms and barriers will follow.

Anal sex without a condom

Anal sex without a condom is the highest risk type of sex on the ladder. Anal sex is riskier than vaginal sex because anal tissue tears easily and this type of sex can result in exposure to blood. To reduce one's risk of getting or transmitting HIV, one can properly use a condom and lubricant, know each other's HIV status before having sex, or try different types of sex that are lower on the ladder.

Vaginal sex without a condom

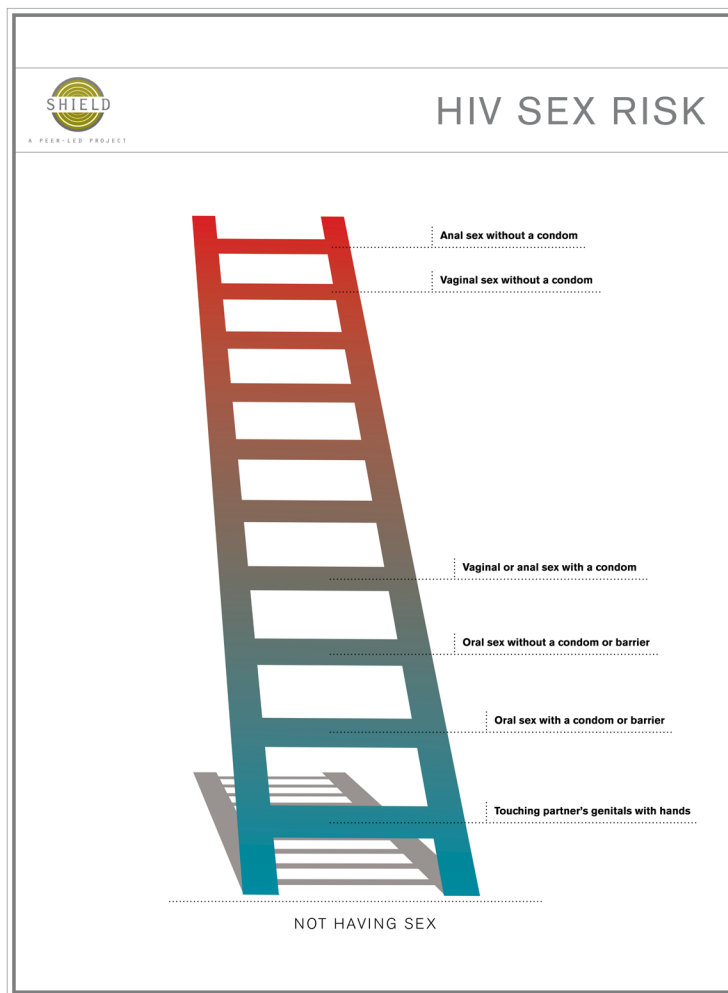
Vaginal sex without a condom is much higher risk than vaginal sex with a condom. Not using a condom allows the HIV virus to be spread either through vaginal secretions or through semen. To reduce one's risk of getting HIV, some options are to use a condom properly when having vaginal sex, or to try a different type of sex activity lower on the ladder.

Vaginal or anal sex with a condom

Vaginal and anal sex with a condom is higher risk than oral sex without a condom because the anus and vagina are direct entry points into the body. If a condom breaks during sex or if it is not put on properly, body fluids containing the virus are transmitted from partner to partner. A way to reduce this risk is to use a condom properly, or to engage in a different sexual behavior that is lower on the risk ladder.

Oral sex without a condom or barrier

Oral sex without a condom or barrier is higher risk than oral sex with a condom or barrier. Semen and vaginal secretions contain HIV virus and if they get into one's mouth, this poses a risk. The risk increases if there are cuts or sores inside one's mouth when performing oral sex. To reduce one's risk, a condom or barrier can be worn while performing oral sex.



Oral sex with a condom or barrier

Performing oral sex, where a person's mouth is on another person's genitals or anus, with a condom or barrier is also a low risk activity. If the condom or barrier is not put on properly or if it breaks during oral sex, then this can become a risk because body fluids containing the virus can get into one's mouth. A discussion of condoms and barriers for oral sex is in the section entitled "condoms & barriers," found below.

Touching a partner's genitals with one's hands

Touching a partner's genitals with one's hands is a low risk sex option. This activity can be risky if a person's hands have cuts or open sores on them. The cuts and sores are an open entry point for body fluids containing the virus to be spread and transmitted. If a person has cuts or sores on his or her hands, a good option to protect themselves when engaging in this sexy activity is to use a barrier, such as a latex glove.

Abstinence

Abstinence means not having sex. This includes abstaining from oral, vaginal, and anal sex. Abstinence is the safest way to prevent HIV transmission. There is no sexual risk of contracting the virus.

Condoms, Barriers, & Lubricants

People who are sexually active are encouraged to protect themselves, even if both people have HIV, by using condoms or barriers every time they have sex. The following are types of condoms and barriers than can be used:

- Female condoms (1st Generation)
- FC2 (Female condom 2nd Generation)
- Male condoms (latex, polyurethane, and polyisoprene)
- Flavored condoms
- Dental Dams
- Alternative barriers (e.g., saran wrap)

Female condoms

Female condoms, sometimes called "Reality condoms" are designed to be worn by a woman to cover her vagina during vaginal sex. They can also be used by men or women who are having anal sex. If used for anal sex, the inner ring has to be taken out and the base of the condom has to be held during sex. Female condoms can also be used for oral sex.



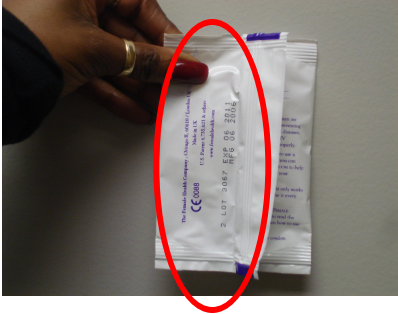


Female condoms are made of polyurethane, are well lubricated, and also come packaged with a pouch of extra lubricant. Any kind of lubricant can be used with female condoms. female condoms can be put on up to two hours before sex takes place. Female condoms should be stored at room temperature and in appropriate places such a dresser or purse.


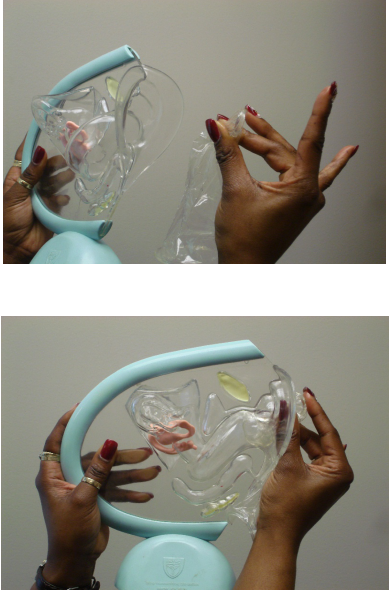
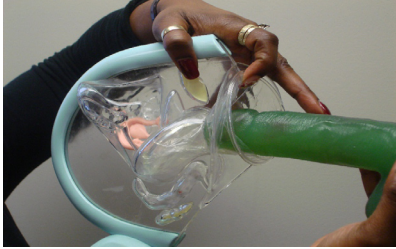

It is recommended that women try using the female condom more than once because for some women, it takes some time to get use to.



Proper use of a female condom

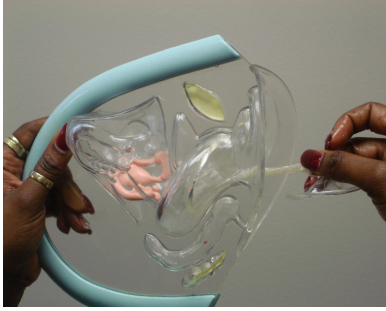

The female condom is another option to practice safe sex and to prevent the spread of HIV/AIDS and other STDs. When using a female condom, the following guidelines are encouraged:

<p>1. Check the expiration date.</p>		<p>This is located on the back of the condom. If the condom is expired it is more likely to break, but it is safer than not using a condom.</p>
<p>2. Squeeze packet to make sure there are no holes.</p> <p>3. Open the package.</p>		<p>On the female condom package there is an arrow to indicate where to open the package. Using scissors or teeth could damage the condom.</p>
<p>4. Take the condom out of the package.</p>		<p>The female condom has two rings, the inner ring which you will insert into the vagina and the outer ring which will remain outside of the vagina.</p>

<p>5. Squeeze the inner ring to form a figure 8.</p>		<p>It is best to use the thumb and middle finger to squeeze the inner ring.</p>
<p>6. Using Index finger, insert inner ring into the vagina and push until the ring “pops” open (covering the cervix).</p>		
<p>7. Make sure the condom is in place prior to intercourse.</p>	<div data-bbox="600 1163 993 1409">  <p>Correct</p> </div> <div data-bbox="597 1457 993 1724">  <p>Incorrect</p> </div>	<p>Make sure that the penis is inserted into the condom to protect against HIV.</p>



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<p>8. After ejaculation, twist the condom while it is in the vagina to prevent any semen from spilling and gently pull to remove.</p>		
<p>9. To properly dispose of condom, tie a knot in the end and place in trash receptacle.</p>		

Male Condoms

Male condoms are designed to cover a man's penis during anal, oral, or vaginal sex. Male condoms come in latex and a material called polyurethane, which is a type of thin plastic. Latex is an oil-based material, which means that oil-based lubricants cannot be used on them (a discussion of lubricants is presented below). Most male condoms are latex. Examples of latex condoms are Trojan, Durex, and Lifestyles brand condoms.



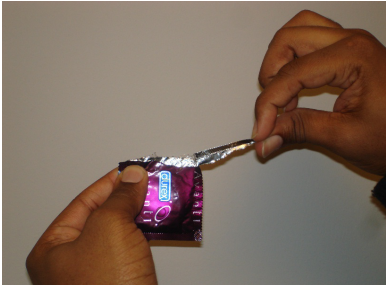
Polyurethane, another type of material made to use condoms, is better at transferring heat and any type of lubricants can be used on it. An example of a polyurethane condom is the Avanti brand condom.

Some types of male condoms are also made out of lambskin and animal skin, but these condoms DO NOT protect against HIV or STDs because there are tiny holes in them that viruses or bacteria can pass through. Only latex and polyurethane protect against HIV and other STDs.






Proper use of a male condom

The male condom is another option to practice safe sex and to prevent the spread of HIV/AIDS and other STDs. When using a male condom, the following guidelines are encouraged:

<p>1. Check the expiration date.</p>		<p>This is located on the back of the condom. If the condom is expired it is more likely to break, but it is safer than not using a condom.</p>
<p>2. Squeeze the condom to make sure there are no holes in it.</p>		
<p>3. Open the package.</p>		<p>Using your thumb, move the condom down in the package to avoid tearing. Do not use teeth or scissors to open a condom or you may tear or damage the condom.</p>



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<p>4. Squeeze the reservoir tip of the condom.</p>		<p>Make sure you place the condom on the penis so that the condom rolls down easily. Check to make sure that it is not on inside out.</p>
<p>5. Unroll the condom to the base of the penis.</p>		
<p>6. After ejaculation, hold the rim of the condom and remove from partner while penis is still slightly hard.</p>		<p>This will keep semen from spilling out of the condom.</p>
<p>7. Properly dispose of condom by tying a knot at the end and place in trash receptacle.</p>		<p>Flushing condoms in the toilet will cause plumbing problems.</p>

Flavored Condoms

A safe option to protect against HIV/AIDS and STDs during oral sex is to use flavored condoms. Flavored condoms are male latex condoms that come in different flavors and are designed for oral sex. **It is not recommended that flavored condoms be used for vaginal or anal sex.** The flavoring can be irritating to vaginal or anal tissue and may increase chances of the condom breaking.

Flavored condoms should be put on and disposed of in the same manner as male condoms. Please refer to the demonstration above.

Dental Dams

Dental dams are a thin piece of flavored plastic that act as a protective barrier for oral sex. Dental dams can be used to cover the vaginal area, anus, and penis during oral sex. Using a dental dam helps prevent the spread of HIV/AIDS and other STDs during oral sex.

Lubricants

Lubricants are water-based, oil-based or silicone based gels and fluids that help prevent tearing or damage to various tissues during sex. They can also be flavored and used when performing oral sex.

Only water-based or silicone-based lubricants can be used on latex barriers, such as male condoms or latex dental-dams. Examples of water-based lubricants are KY Jelly and Astroglide. Saliva can also serve as a water-based lubricant. Examples of silicone-based lubricants are ID Glide Millennium and Wet Platinum.

Oil-based lubricants should not be used with latex because oil-based lubricants cause latex to wear down and forms holes in the condom. However, oil-based lubricants can be used on polyurethane condoms such as the Reality condom or Avanti brand condom. Examples of oil-based lubricants are oil, petroleum jelly, and hand lotion.

Alternative Barriers

When no condom is available, using saran wrap during oral sex will lower one's risk for HIV. Saran wrap can be used to cover a person's vaginal area, penis, or anus. Water-based lubricants can also be used with saran wrap. It is not recommended to use microwavable saran wrap. This type of saran wrap has holes in it and will not protect against HIV and other STDs.

Another option is to cut open female and male condoms to create a flat pouch to place over one's vaginal area, penis, or anus for oral sex.



The Basics of Injection Drug use

The following section describes basic concepts and common terms used to describe injection drug use practices.

Common injection drug use terminology

Dope sick: When a drug user has not had their first hit (i.e. dose of drugs) for the day.

Gate shot: The first drug hit of the day for an intravenous drug user.

Rolling veins: A vein that feels hard and cord-like or lacks resilience, such veins are said to be scleroses. Scleroses veins are hard to penetrate.

Rotating veins: Refers to using a different vein each time you inject drugs. By rotating the places where injection occurs this will give the muscles and skin a chance to heal and may decrease the likelihood of collapsed veins. Rotating veins helps prevent scarring, abscess and other physical problems.

Tourniquet: An object, such as a belt or shoelace tied around the injection site to make the vein more pronounced and easy to find.

Works: Tools used to inject drugs include needle/syringe, cotton, cooker, water, etc.

Injection methods

Injection drug users inject drugs through 3 methods: 1) injecting into a vein; 2) skin-popping; and muscling. The most common way is to inject into a vein.

Skin-popping means someone injects between skin and fat layers, injecting the drug just underneath the skin. Muscling means someone injects into a muscle instead of a vein.

There are actually many reasons why some injectors choose to muscle or skin-pop. Some do not like to inject into a vein, some have rolling veins, and some just get frustrated because they either cannot find a vein or because they have damage their veins beyond repair. Unfortunately, there are additional harms associated with muscling and skin-popping. These methods give bacteria and viruses an opportunity to “sit” in the body. These are great places for abscesses and other infections to occur.

Common Consequences of injection drug use

Endocarditis

Endocarditis is an infection of the heart lining that is caused by bacteria fungi, and other infection-causing microbes that enter the blood stream during injection and build up around the valves of the heart.

Collapsed veins

Veins may collapse, or close up, due to repeated injections into the same site. Someone can avoid vein collapse by always rotating or alternating injection sites.

Abscesses

An abscess is a pocket of pus caused by infected tissue. Pus is the buildup of fluid, white blood cells, dead tissue and bacteria or other foreign substances. Bacteria, viruses and parasites can all lead to abscesses. Skin abscesses are easy to detect. They are red, raised and painful. Abscesses inside the body may not be as easy to detect or treat. People who inject often get abscesses on their legs and arms at the site of injection. Those who inject are more likely to develop an abscess if they skin pop, muscle it, or miss a vein while injecting drugs.

Treatment: Treatment options include drainage of the infected area and antibiotics.

Prevention: The best way to prevent abscess is to use a new needle and cooker every time a person injects. Another prevention method is to thoroughly clean (preferably with alcohol) the area of skin where injection is going to occur. Keeping small packs of alcohol pads with injection tools will allow the person to be prepared.



Cotton Fever

Cotton fever is a condition that is typically associated with intravenous drug use, specifically the use of cotton to filter drugs. As a result of accidentally injecting cotton fibers into the blood stream a person may experience fever, chills, shortness of breath and violent shaking or shivering. These symptoms normally occur immediately following an injection, but there are reports of lags up to an hour in length.

Causes: Cotton fever is a condition that is believed to be endotoxin shed by the bacteria *Enterobacter agglomerans* which colonizes cotton plants. Cotton plants are heavily colonized by a strain of bacteria known as *E. Agglomerans*. A condition very similar to cotton fever was described in the 18th century among cotton- mill workers. The term cotton fever was coined in 1975 after the syndrome was recognized in intravenous drug users.

Injection Risk Reduction

HIV injection risk ladder

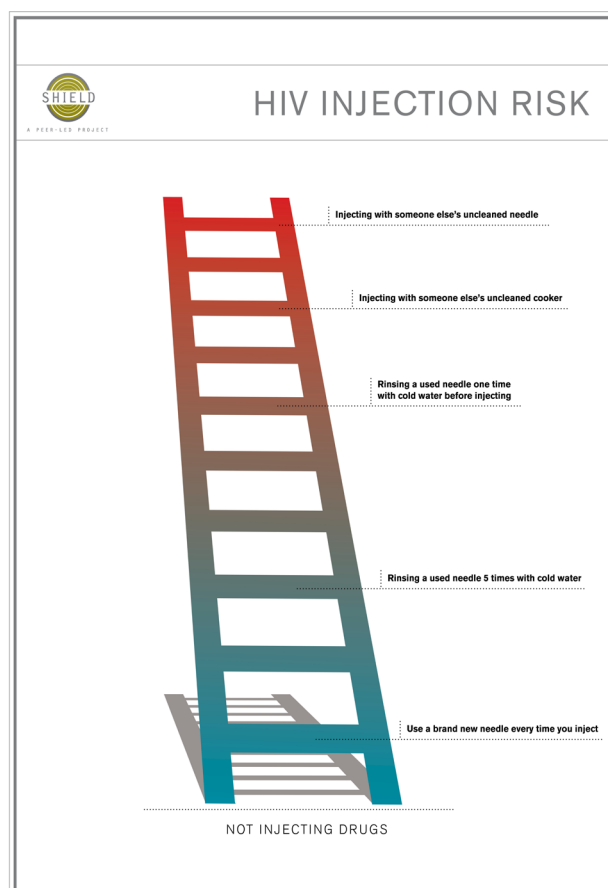
The SHIELD sessions present many risk reduction options. One tool that is used is called a Risk Reduction Ladder (see right). There are various levels to reduce one's risk of getting HIV if they inject drugs. These levels, or options, are set up like a ladder. The top of the ladder represents the riskiest behaviors. The middle of the ladder is where behaviors with moderate risk are placed. The bottom of the ladder is the lowest risk. The main point of the ladder is that there are different options to reduce someone's risk of getting HIV. The options that people can consider to reduce their risk when they inject are as follows (from highest risk to lowest risk):

- Injecting with someone else's unclean needle
- Injecting with someone else's unclean cooker
- Rinsing a used needle one time with cold water before injecting
- Rinsing a used needle 5 times with cold water
- Using clean injection works each time one injects
- Not injecting drugs

At the end of this section, we also discuss steps that non-injecting drug users can take to reduce their risk of spreading HIV/AIDS. (See section titled "Additional Risk Reduction Information for Drug Users")

Injecting with someone else's unclean needle

Using someone else's unclean needle for injecting is the highest risk activity for the spread of HIV/AIDS and other viruses like Hepatitis C. The reason for this is that blood can get trapped in the needle being used to inject and this blood can contain the HIV virus and the Hepatitis C virus. To reduce one's risk, a person can clean the used needle by rinsing it out multiple times before using it to inject or a new needle can be obtained from a syringe exchange program.



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Injecting with someone else's unclean cooker

Using used cookers or filters will increase the risk of getting or spreading HIV because they can contain viruses and bacteria. Using a new cooker and a new filter each time an IDU injects drugs is highly recommended. If new equipment is unavailable, IDUs can reduce their risk by using their own cooker and cotton for injecting and not sharing works with anyone. IDUs can also rinse out used cookers with clean water. (See section titled "Steps for properly rinsing injection equipment")

Rinsing a needle out with cold water once before injecting

Rinsing a needle with clean water is the most practical way to clean injection equipment. Although not as safe as rinsing out a needle 5 times, rinsing out a used needle once before using it is better than not rinsing it out at all. (See section titled "Steps for properly rinsing injection equipment")

Even though rinsing needles and equipment is less risky than using unrinsed equipment, there is still some risk involved because not all blood and residue will be rinsed out. To lower their risk even further, IDUs are recommended to rinse out their needles multiple times before use. IDUs can also exchange their old needles for new needles at syringe exchange programs.

Rinsing a needle out with cold water 5 times before injecting

If they are unable to obtain or do not have access to clean or unused injecting works, another option that IDUs have is to rinse out old or used needles with cold water 5 times before injecting. Rinsing needles out multiple times will help eliminate dried blood and other contaminants better than only rinsing once. Tips and the proper steps for rinsing injection equipment are discussed in the next section.

Using clean injection works each time one injects

Another low risk option for IDUs is to use clean injection works every time that they inject. Injection works are needles, syringes, cookers, cottons, water and any other items used in preparing, mixing, or injecting drugs. Using brand new injection works each time keeps risk of infection low, since there is no blood or contaminants in these items.

Not injecting drugs

Not injecting drugs will significantly reduce one's risk of getting HIV/AIDS from drug use. To find out more about drug treatment or rehabilitation options, please refer to the section entitled "drug treatment" in this booklet.



Proper Cleaning of Injection Equipment

To reduce the risk of using someone else's needle, one option is to rinse out the syringe with water, at least 3 times. It is important that the water comes from a clean source. The more times that the syringe is rinsed, the better. With each rinse with clean water, the lower the risk will be of getting HIV. Laboratory studies find that rinsing once cuts down an individual's risk more than half. If an individual rinses twice, their risk is less than 1 in 4; rinsing three times cuts the risk to less than 1 in 20. These numbers are conservative. So the more an individual rinses the better. Rinsing five times with cold water is great.

Another option to reduce risk even further is rinsing a needle 1 time with clean water, 1 time with bleach, and 1 time again with new clean water. The reason why this is more effective than just rinsing with water is because bleach kills HIV. But if there's a lot of blood in the syringe the bleach cannot get to the HIV. That's why it is important to rinse first with water and get all the blood out of the syringe. Blood can still be in the syringe even if it cannot be seen.

There are several factors that will effect how well an individual removes HIV from the syringe. These include whether the bleach was stored properly and its expiration date. Another key factor is whether the blood has clotted inside the syringe.

It is often less stressful for an individual to rinse their own syringe after they inject, especially heroin, than before injecting. They are more relaxed after injecting. Rinsing right after injecting is also better as the blood hasn't had a chance to clot.

If there is ever a situation where a needle will be immediately shared, rinse the needle several times before using it. An individual should insist on rinsing the needle before giving it to someone else should they ask to use it. It is also a good idea to rinse the syringe before using it if they are not certain that someone else may have used their syringe when they were away.

It is not certain if bleaching or rinsing syringes with water can prevent Hepatitis C transmission, because Hepatitis C is much more infectious than HIV. But without a doubt rinsing with water or bleach greatly reduces the number of viruses in the syringes.



Steps for properly rinsing injection equipment

- Rinsing your needle and injection equipment with clean cold water is an important step in reducing HIV risk.
- Rinsing with bleach between rinses with water has been shown to kill HIV infected blood, but there is not conclusive evidence that bleach kills hepatitis C.
- The more you rinse the more you are able to get potentially infected blood out.

What you will need

- Clean cold water (toilet water and water from outside spigots may contain bacteria).
- Clean paper towels or napkins
- Household bleach



1. Pour clean cold water into a separate container or cap.



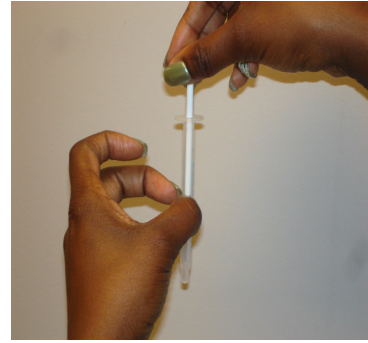
Do not dip your used needle into the source of the clean water.



2. Draw up the clean cold water fully into the needle.



3. Shake and/or tap the needle so that you can loosen the dried blood or particles.



4. Squirt the contaminated water onto a paper towel.



5. Repeat this up to 5 times. The more rinses the better.

If you have bleach available, do this process with bleach in between the water rinses

6. Rinse your cooker out with clean water and throw the used cotton away.



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Additional Risk Reduction Information for Drug Users

Syringe Exchange Programs

Many neighborhoods have syringe exchange programs where IDUs can go to get new works if they trade in their used and old ones. Facilitators should become familiar with the local syringe exchange programs in their community. To find out where they are located, please visit the following website:

<http://www.harmreduction.org/article.php?id=530>

Safer Practices for Non-injecting Drug Users

Drug users who do not inject drugs can also transmit HIV. People who snort or smoke drugs can often get sores or cuts on their mouth or inside their nose. These sores and cuts may be open, with blood, so they can spread or get HIV easily. This is why drug users who smoke are encouraged to know the risks of sharing pipes for smoking or straws for snorting. Sharing these items can increase peoples' chances of spreading or getting infected with HIV.

To lower their risk, non-injecting drug users are encouraged not to share pipes or straws with anyone.

Drug Splitting Risk Reduction

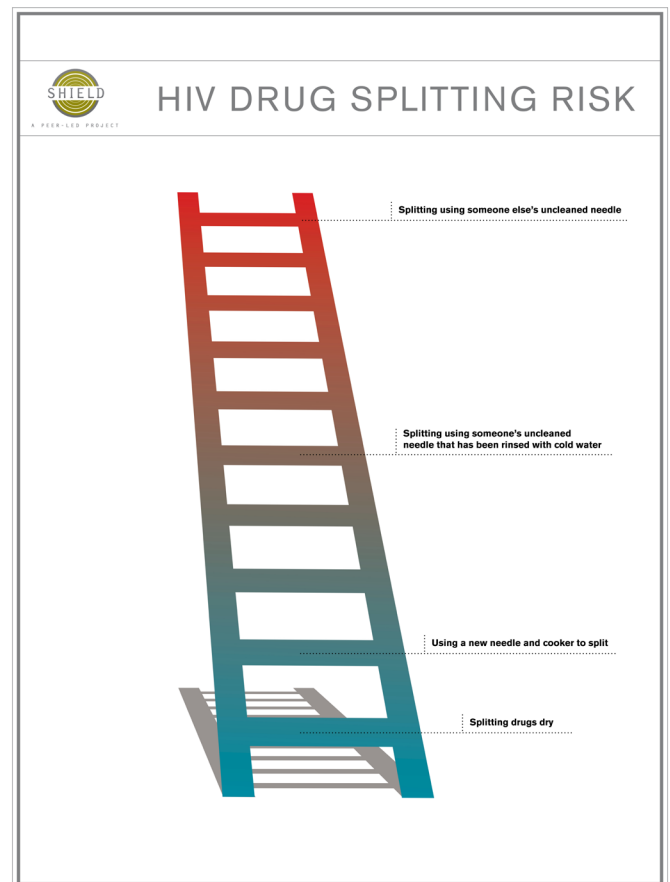
HIV drug splitting risk ladder

The SHIELD sessions present many risk reduction options. One tool that is used is called a Risk Reduction Ladder (see right). Splitting drugs is an activity that carries risk of HIV transmission. There are levels to reduce one's risk of getting HIV if they split drugs. These levels, or options, are set up like a ladder. The top of the ladder represents the riskiest behaviors. The bottom of the ladder is the lowest risk. The main point of the ladder is that there are different options to reduce one's risk of getting HIV. The options that people have to reduce their risk when splitting drugs are as follows (from highest risk to lowest risk):

- Splitting using someone else's unclean needle
- Splitting using someone's unclean needle that has has been rinsed with cold water
- Using a new needle and cooker to split
- Splitting drugs dry

Splitting using someone's unclean needle

Splitting drugs using an unclean, unrinsed needle is the highest risk activity that an IDU can engage in when splitting. An unused, unrinsed needle has blood residue which carries the HIV and Hep C viruses.



To lower their risk, IDUs are recommended to consider the options lower on the risk reduction ladder.

Splitting using someone's unclean needle that has been rinsed with cold water

If neutral or clean equipment is not available for drug splitting, then another option is to clean out equipment multiple times with cold water before splitting. Cleaning equipment will reduce one's risk of HIV/AIDS because dried blood and residue will be rinsed out. It is recommended to clean out used cookers and needles several times with cold water. The steps for rinsing out needles are in the above section.

After rinsing the splitting equipment, the following steps for safely splitting drugs are as follows:

1. Use the rinsed syringe to measure out clean water
2. Draw up the drug solution into the rinsed syringe and portion out everyone's share into their own cookers
3. Put the rinsed syringe and cooker away so that no one else uses them to inject

Even though rinsing needles and equipment is less risky than using unrinsed equipment, there is still some risk involved because not all blood and residue will be rinsed out. To reduce risk even further, IDUs can trade in their old equipment for new, unused splitting equipment.

Using a new needle and cooker to split drug

If a person is splitting drugs with another person, there are steps that he or she can take to reduce their risk of getting or spreading HIV/AIDS by using neutral, or clean equipment. The tools that one will need to safely split drugs are the following:

- brand new, never used sterile syringe
- brand new, never used cooker
- brand new, never used cotton

The syringe and the cooker are used only for splitting or dividing up the drugs, never for injecting. The steps that one can take to split the drugs in a sterile manner are as follows:

1. Use the brand new, never been used syringe to measure out clean water
2. Draw up the drug solution into the new syringe and portion out everyone's share into their own cookers
3. Put the clean syringe and cooker away so that no one else uses them to inject

Splitting drugs dry

Splitting drugs dry is the safest way to split drugs. Splitting drugs dry means that the drugs get split up before they are cooked and prepared for injection. This is safe if no contaminated equipment (e.g. razor blades) are used in this process. Splitting drugs dry is an encouraged method for IDUs





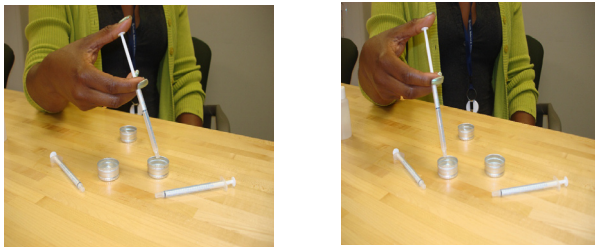
Steps for safely splitting injection drugs

- Rinsing your needle and injection equipment with clean cold water is an important step in reducing HIV risk.
- Rinsing with bleach between rinses with water has been shown to kill HIV infected blood, but there is not conclusive evidence that bleach kills hepatitis C.
- The more you rinse the more you are able to get potentially infected blood out.

What you will need

To safely split injection drugs you should use equipment that is NEVER used for injection. Some people like to mark the splitting equipment with a marker to designate that they are not to be used for injection.

- One brand new needle for measuring and splitting the drugs
- One brand new container (cooker)
- Brand new cotton

<p>1. Use the brand new needle to measure out the water.</p>	
<p>2. Use the brand new needle to measure out the drugs and portion into each persons cooker.</p>	
	
<p>3. Put the splitting equipment away so that it cannot be used to inject.</p>	

HIV Treatment

First Steps

When someone tests positive for HIV, it is very important that they talk to a doctor. There are many options available to someone who has HIV. Some people have to go on medication right away, but others can wait. A doctor will be able to determine when a person needs to start taking medication. A doctor can also see how a treatment plan is working. It is important for an HIV positive person to get their blood checked regularly to see how much virus is in their blood. Two signs of how well medication is working are viral load and CD4 cell count. The sooner an HIV positive person gets medical care, the better their health outcomes will be.

Viral Load

Viral load means how much HIV virus is in a person's blood. People who are HIV positive and have started taking anti-HIV medication are recommended to get their viral load tested every 2-4 weeks after starting treatment, then every 4-8 weeks until their viral load reaches an undetectable level, and then every 3-4 months after the medication starts working effectively (3). If the viral load count is low, this means that the medication is working well. If the viral load count is high (greater than 100,000), that means that the medication is not working well and that the patient should see their doctor (4).

CD4 Cell Count

A CD4 cell is a type of cell in the body's immune system that helps fight off disease. When a person is infected with HIV, the HIV virus enters the CD4 cell and uses it to make more copies of the HIV virus. After HIV makes many copies of itself, several of the CD4 cells die.

The CD4 cell count is the number of CD4 cells that an HIV positive person has in their blood. If the CD4 count is below the number 350, then the patient is encouraged to go on anti-HIV medication (4). If the CD4 count is below the number 200, then the patient is diagnosed with AIDS (4). If the count is high (greater than 350), that is a good sign because it means the patient has many disease-fighting cells left in the body. If the CD4 count is low (lower than 350), that is not a good sign because the patient has few disease-fighting cells in the body. It is important that an HIV positive person get their CD4 count checked often by a doctor.

Antiretroviral Therapy (HIV Medication)

When a person has HIV and needs to get treated, doctors recommend that the patient go on a combination of anti-HIV medications (4). This combination is called Highly Active Antiretroviral Therapy, or HAART. There are many medications that can make up a HAART treatment. A doctor will determine which types of HAART medications that a patient should take.

Side effects of HAART

There are some negative side effects from HAART. These include (4):

- Liver problems
- Diabetes, or high blood sugar
- High cholesterol
- Too much lactic acid, or toxins, in the body
- Abnormal fat placement
- Lowered bone density, or weight
- Skin rash
- Problems with the pancreas
- Nerve problems

The list above is not comprehensive of all of the side effects from HAART, but rather they are some of the most common ones.



Other Important Health Information for Former and Current Drug Users

STD Testing and Treatment

People who have sex or use drugs are encouraged to get tested regularly for HIV and sexually transmitted diseases (STDs). Many local agencies and medical clinics offer free HIV and STD testing. Facilitators should identify testing sites close to their agency that offer free testing so this information can be disseminated to SHIELD participants. Also, people should ask to get tested for all STDs (such as gonorrhea, Chlamydia, HPV, syphilis, herpes etc) and not just HIV when they go to the doctor to get tested.

Treating STDs is a good way to prevent the spread of HIV. When someone has an STD, they are two to five times more likely to get HIV and they are more likely to spread HIV if they have it (5). One reason for this is that people with STDs can have open sores on their genital area which are open areas for HIV to spread. For example, if a woman has herpes and has sores and cuts on her genital area and then has unprotected sex with someone who has HIV, she is more likely to get HIV then if she did not have herpes. Also, for people who have both HIV and an STD, they are more likely to produce body fluids with the HIV virus in it (5). Research shows that when communities promote testing and treatment for STDs, the rates of HIV decrease substantially (5).

Hepatitis C (HCV)

HCV is a virus that attacks the liver. HCV is spread through blood. People most likely to get infected with HCV are IDUs. Other ways that people can get infected is through sex, mother-to-child transmission, tattooing or piercing with dirty equipment, or sharing toothbrushes or razors with someone who has HCV. People who inject drugs and share needles are at a high risk of getting HCV (6). Also, 50% - 90% of all IDUs who have HIV are also infected with HCV (6). HCV is a more serious disease in people who have HIV. It can cause the liver to break down more quickly and it can interfere with HIV treatment (6). This is why getting tested for and preventing the spread of HCV is an important step in preventing the spread of HIV.

To prevent the spread of HCV among people who inject drugs, using clean needles and works every time that a person injects is one good way to prevent its spread. A good way to prevent the spread of HCV among people who have sex is to use a condom every time so that a person does not come in direct contact with another person's blood during sex. Getting tattoos or body piercing at places that do not use clean equipment can put a person at risk for getting HCV. Also, people are recommended not to share toothbrushes, razors or any other items that come in contact with someone's blood.

If someone injects drugs, has unprotected sex, or feels like they are at risk for HCV, it is recommended to get tested for HCV. There are three tests that test for the presence of the HCV antibody (7):

1. Enzymeimmunoassay (EIA)
2. Enhanced chemiluminescence immunoassay (CIA)
3. Recombinant immunoblot assay (RIBA)



The EIA or CIA is used as the first test; if one of these tests shows up positive for HCV antibodies, then a second test—the RIBA—is done to confirm the presence of HCV. Only blood is tested for HCV antibodies, not urine or oral mucosaltransidate. The above tests only test for HCV antibodies, they do not measure how severe the infection is. Other follow-up tests are done on people who test positive to conclude whether the infection is new, chronic, or no longer present. For some people, HCV clears up on its own, although this is rare (7).

Talking to a doctor about treatment is important for people who have HCV. For some people, treatment helps a great deal whereas for others it does not help. The medications available right now can have serious side effects and it is important to think carefully and discuss it thoroughly with a provider before deciding to start meds.

In many communities, an overwhelming number of people who are infected with HIV are also infected with Hepatitis C. This can lead many users to feel as though it is too late to protect themselves. However, there are steps that can be taken to prevent Hep C transmission as well as to stay healthy, whether or not a person is infected with Hep C. Additionally, there are things that can be done to keep from spreading the disease to others. The following is a simple guideline for Hepatitis care that can be shared with HCV negative or positive persons.

Take Home Points

- Hepatitis C is easy to spread if IDUs are sharing anything that might have even the smallest amount of blood in or on it.
- If someone is infected with Hep C they do not always have symptoms, which is why it is so important to get tested frequently, especially if someone is an intravenous drug user.
- If you have Hepatitis C, and even if you don't, there are a lot of steps you can take to reduce damage to your liver.
- Injecting safely will help someone to protect their friends, family and partners from Hepatitis C.
- For those drug users who snort rather than inject, they can also stay safe by not sharing straws with drug buddies.

Drug Treatment

For people who are ready to seek treatment for their substance abuse issues, there are many resources available. Drug treatment consists of a multi-approach process to help people recover from drug and/or mental health issues.

When a person is ready to seek treatment, the first thing to be done is an assessment of the patient. A clinical assessment is a way that doctors and treatment providers find out what programs and services are best suited for the patient. An assessment is carried out by asking the patient many questions about his or her drug habits. It is important for patients to answer honestly so that the right services can be given. Some of the topics that are covered in a clinical assessment are (8):

1. the type, the amount, and for how long a person has been using drugs or alcohol
2. the effects of the drugs or alcohol on a person's life
3. the patient's medical history
4. the patient's mental health or behavioral issues
5. the patient's living situation and environment

After being assessed, the patient will be given a treatment plan to follow. For some people, the treatment plan can consist of being in the hospital for an extended time. For other people, it can consist of going to group therapy once a week. Depending on the nature of the substance abuse issue, some people will have a very rigorous plan and others will not.



For people who have been using heroin and pain medications like OxyContin, or barbiturates, and sedatives, there will be a process called medically supervised withdrawal or detoxification. Detoxification is an important first step in the treatment process for people who have been using these drugs. People who have been using these drugs will go through a sometimes painful process called withdrawal if they do not have access to the drugs. It is important they get taken care of by doctors and medical staff during the withdrawal process so that they do not have to be in a lot of pain.

There are many different options for people seeking drug treatment. The most common types of treatment programs are (8):

1. Inpatient treatment programs (being treated inside the hospital)
2. Residential treatment programs (living in a drug treatment facility during the treatment process)
3. Partial hospitalization or day treatment programs (staying inside a drug treatment facility during the day for treatment)
4. Outpatient and intensive outpatient treatment programs (going to the hospital on a regular basis to get looked at by a doctor or drug treatment provider)
5. Methadone and/or opioid treatment programs (going to a clinic to receive medication like methadone for heroin or pain killer addiction)

The type of drug treatment program depends on what clinical assessment is made by one's doctor. Some people will start with an inpatient treatment program and work their way down the list by enrolling in an outpatient treatment program. Others will need more supervision and will stay in a residential treatment program until they feel comfortable to be released. In each program, people will engage in individual and group therapy sessions, skills building sessions, life training sessions, and educational sessions. Patients will also be tested occasionally for drug use to make sure that they are abstaining from drugs during the treatment process.

Drug treatment is an involved and often long process. However, if a person is ready to get treated for drug addiction, he or she should visit the following website to find a treatment facility:

<http://dasis3.samhsa.gov/>



Vulnerable Populations

Men who have sex with men (MSM)

MSM are men who have sex with other men, whether they identify as gay, bisexual, straight, or on the “down low”. MSM make up more than two thirds of all males living with HIV/AIDS (9). MSM are at a higher risk of getting HIV for several reasons. Unprotected anal sex and high levels of STDs infections among MSM are two key reasons. The use of drugs like methamphetamine and alcohol has also been associated with riskier behaviors. Furthermore, some MSM do not know that they are HIV positive. Also, some younger MSM feel that HIV is not as serious a disease as older MSM. Lastly, the internet has made it possible for MSM to seek out anonymous sex partners. MSM are encouraged to protect themselves by using condoms every time they have sex to reduce their risk of getting or spreading HIV. Also, if MSM are injecting drugs, they can decrease their risk by not sharing needles and by using clean needles each time they use drugs.

African Americans

African Americans make up about 13% of the US population but they make up 49% of all the new cases of HIV (9). Among African American men, MSM who also have sex with women put themselves at risk of getting and spreading HIV to other men and women. Injection drug use among African Americans makes up the second largest risk category (10). People who share their needles or reuse old needles put themselves at increased risk for getting HIV. Rates of STDs among African Americans are also higher which may contribute to higher HIV rates. Lastly, social and economic issues such as discrimination, poverty and soaring incarceration rates contribute to racial disparities in HIV (10).

Pregnant women

Mother-to-child transmission of HIV makes up about 100 – 200 cases of children diagnosed with HIV every year (11). This can be prevented as long as pregnant women get tested early on in their pregnancy. If they have HIV, women can get put on antiretroviral medications to treat their HIV and to prevent their child from getting HIV. If pregnant women do not get tested and they have HIV, there is a 25% chance that their child will be born with HIV (11).

Currently, most states offer an “opt-out” HIV testing program for pregnant women (11). This means that pregnant women who go in for prenatal care are told that there will be an HIV test included in all of the other tests, but that women can say no if they want. It is important that women get prenatal care early and get tested for HIV so that their child will not be born with HIV.

With proper treatment and proper care, women who are HIV positive can still have healthy babies

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- 11) Centers for Disease Control and Prevention. Mother-to-Child HIV Transmission and Prevention: CDC HIV/AIDS Fact Sheet. October 2007.

Quiz

Purpose: To test your knowledge of key concepts from the HIV & Injection Drug Use 101 Chapter.

Instructions: After reading this appendix, take a few moments to answer each question to the best of your knowledge. Answers are located on the last page.

1. True or False:

If a friend tells you that she had unprotected sex with someone last night and that she is going to get tested for HIV/AIDS tomorrow, she will know if she contracted HIV from this encounter within 2 weeks.

2. Which of the following behaviors does NOT put you at risk for HIV:

- a) Having unprotected sex with someone who is HIV-positive
- b) Sharing needles with someone who is HIV-positive
- c) Using a toilet after someone who is HIV-positive has used it

3. At what level does one's CD4 count have to be for him or her to be diagnosed with AIDS?

- a) 200
- b) 350
- c) 550
- d) 750
- e) 1000

4. True or False:

Cleaning a used needle with bleach is safer than using a new needle when you inject drugs.

5. Hepatitis C can be spread by (circle all that apply):

- a) unclean needles
- b) unprotected sex
- c) toothbrushes
- d) tattoo parlors
- e) shaking hands with someone infected with HCV



Answers to Quiz Questions

1. False. Your friend will have to wait 3 to 6 months before she can accurately get tested for HIV/AIDS.
2. C. Using a toilet that a person with HIV/AIDS has used will not put you at risk for getting HIV.
3. A. If a person's CD4 count is 200 or below, he is diagnosed as having AIDS.
4. False. Using a new, clean needle every time you inject drugs is safer than cleaning your needle with bleach.
5. A, B, C, and D. HCV is a blood-borne virus which means that if you are exposed to a needle, tattoo equipment or even a toothbrush with blood on it, you are at risk of getting HCV. Informal contact with someone, such as shaking hands, does not put you at risk for HCV.



Further Information

For more information about HIV/AIDS or HIV training sites in your own area, visit the following websites:

1) AIDS.GOV

<http://www.aids.gov>

2) CDC Information Hotline

1-800-232-4636

3) National HIV Testing Resources

Locate an HIV testing site in your community

<http://www.hivtest.org>

4) AIDSInfo

<http://www.aidsinfo.nih.gov>

P.O. Box 6303

Rockville, MD 20849

1-800-448-0440

5) National Library of Medicine HIV/AIDS Resources

<http://sis.nlm.nih.gov/hiv.html>

6) Health and Human Services Office of Minority Health – Minority HIV/AIDS Initiative

<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=22>

7) Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Facility Locator

<http://findtreatment.samhsa.gov/>

8) UNAIDS – United Nations Program on HIV/AIDS

<http://www.unaids.org/en/>

9) CDC National Prevention Information Network (NPIN)

P.O. Box 6003

Rockville, MD 20849

1-800-458-5231

<http://www.cdcnpin.org>

10) Department of Veteran Affairs: HIV/AIDS Information

<http://vhaaidsinfo.cio.med.va.gov/>



